

NORTHERN MINNESOTA DENTAL, INC.

P.O. Box 3023
Duluth, Minnesota 55803

Telephone: (218) 728-8332
Toll Free: (800) 728-8515
Fax: (218) 728-4380

Enrollment Information Form

City of Hibbing

Date Effective:

Type of Coverage

Group No.:

1005

Single Coverage

Family Coverage

New Employee

Change of Address or Change in Coverage

Employee Information

◆ Last Name: _____

◆ First Name: _____ ◆ Middle Initial: _____

◆ Home Address: _____

◆ City: _____ ◆ State: _____

◆ Phone No.: _____

◆ Zip: _____

Sex _____ Birth Date _____

Social Security No. _____

If you selected family coverage, please complete the information below:

◆ Spouse Name: _____

◆ Birth Date: _____ ◆ Social Security No.: _____

Is Spouse Employed?

Yes _____ No _____

◆ Employer Name: _____

◆ Insurance Company: _____

Other Dental Insurance?

Yes _____ No _____

Please complete the dependent information below (if you need additional space, please use the back of this form):

◆ Child Name: _____ Full-Time Student? Yes _____ No _____

◆ Birth Date: _____ ◆ Social Security No.: _____

◆ Child Name: _____ Full-Time Student? Yes _____ No _____

◆ Birth Date: _____ ◆ Social Security No.: _____

◆ Child Name: _____ Full-Time Student? Yes _____ No _____

◆ Birth Date: _____ ◆ Social Security No.: _____

◆ Child Name: _____ Full-Time Student? Yes _____ No _____

◆ Birth Date: _____ ◆ Social Security No.: _____

If any child is 19 or older and a full-time student, please list the school he / she is attending:
