

DENTAL INSURANCE INFORMATION

Insured's Name _____ Local Phone Number _____

Insurance Company _____ Group Number _____

Insured's Social Security Number _____ Insured's ID No. if different from Soc. Sec. _____

Insurance Company Address _____ Phone Number _____

Do you have dual coverage _____ Yes _____ No If yes, fill in the following information for the second company.

Insured's Name _____ Local Phone Number _____

Insurance Company _____ Group Number _____

Insured's Soc. Sec.No. _____ Insured's ID No. if different from Soc.
Sec.No. _____

Insurance Company Address _____ Phone Number _____

Insured's Employer _____