



ISLAND SMILES DISCOUNT PLAN

GOVERNMENT EMPLOYEES ENROLLMENT FORM

Last Name: _____ First Name: _____ Date of Birth: _____
Mailing Address: _____ Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____ Employer: _____

ELIGIBLE DEPENDENTS

Last Name	First Name	Middle Initial	Relationship to Subscriber	Sex	Date of Birth

RETURN THIS FORM TO PARADISE DENTAL
or email paradisedentalsaipan@gmail.com
or fax (670) 488-1044

- Individual Plan [\$4.00 per paycheck]
- Couples / 2 Party Plan [\$5.00 per paycheck]
- Family Plan (3 or more) [\$6.00 per paycheck]