



# ISLAND SMILES DISCOUNT PLAN

## GOVERNMENT RETIREE 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](mailto:paradisedentalsaipan@gmail.com)**  
**or fax (670) 488-1044**

- Individual Plan [\$5.00 per allotment]
- Couples / 2 Party Plan [\$6.00 per allotment]
- Family Plan (3 or more) [\$7.00 per allotment]