



ISLAND SMILES DISCOUNT PLAN

PRIVATE EMPLOYER GROUP 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

Drop off 1 copy to Paradise Dental or email paradisidentalsaipan.com or fax (670) 488-1044 AND drop off 1 copy to your HR Department.

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