Paradise Dental

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
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]

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