Paradise Dental

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 paradisedentalsaipan.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]

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