



Communications Order Form

Please complete the following and mail to Delta Dental of Rhode Island, 10 Charles Street, Providence, RI 02904, or fax us at 401.752.6060. Email or call your Delta Dental Account Executive at 401.752.6000 for more information about any of these communication materials.

Name	_____
Title	_____
Company/Organization	_____
Delta Dental Group #	_____
Street Address or P.O. Box	_____
City/Town	_____
State	_____ Zip Code _____
Phone #	_____

Please check here if this is a new address.

	Quantity
1. Initial Member Education Kit	_____
2. Directory of Participating Dentists	_____
3. Customized Summary of Benefits	_____
4. Forms:	_____
a. Enrollment Form <i>(for adding, deleting or changing an employee's status)</i>	_____
b. Handicapped Dependent Application Form	_____