



New Group Cover Sheet

From: _____
 Broker: _____
 Contact: _____
 Phone: _____ Fax: _____

Send this Cover Sheet with completed Delta Dental "Application for a Dental Contract"

To: IH Sales Department (via e-mail to your Sales Consultant or Account Manager)

OR Fax: 716-250-7193 or via email to delta.enrollment@independenthealth.com

NOTE: If only sending Delta Dental individual "Enrollment/Change Forms" for an **EXISTING DD** group, send directly to Delta.Enrollment@independenthealth.com or fax to **716.250-7193**

Group Name	
Group's Tax Identification Number (TIN) REQUIRED	
Contact at Group	
Contact's Phone Number(s)	
Contact's Fax Number	
Contact's Email Address	
<hr/>	
IH Sales Consultant/Account Rep Name	
IH Sales Consultant/Account Rep Phone Number	
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Broker—Agency Name & Tax ID REQUIRED	
Individual Contact at Broker	
Broker Contact's Phone Number	
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Did group have prior dental coverage? Please provide dates/carrier:	

Note: Broker and IH Sales Consultant/Account Rep will receive confirmation from IH/Delta Dental once the group has been set up.