



# 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](mailto: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](mailto:Delta.Enrollment@independenthealth.com) or fax to **716.250-7193**

Group Name	
Group’s Tax Identification Number (TIN) <b>REQUIRED</b>	
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	
<hr/>	
Broker—Agency Name & Tax ID <b>REQUIRED</b>	
Individual Contact at Broker	
Broker Contact’s Phone Number	
<hr/>	
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.