



Supply Reorder Form

We are pleased to send the materials you requested. Please use this form for future supply orders.

Mail to: Marketing
Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002

For timely and accurate delivery of supplies, Northeast Delta Dental prefers receipt of forms either by mail or fax. You may fax your order to 603-223-1129, or call our supply line at 603-223-1372.

All of the information listed below is required to expedite your order:

1. Group Number _____ Sublocation number(s) _____

2. Group Name _____

3. Physical Address _____

City _____ State _____ Zip _____

4. Group contact _____

Telephone (_____) _____ Fax (_____) _____

5. Supplies Needed:

DENTAL

Quantity

- Group Administrator Packet _____
- Dental/Summary Plan Description Booklet and Outline of Benefits _____
Note: Booklets and OOB's are mailed to new subscriber's homes.
- Employee Enrollment/Change Form* _____
- PPO Plus Premier Paid Claims Flyer _____
- Stretch Your Annual Maximum Flyer _____
- EyeMed Discount Vision Flyer _____
- Website Information Flyer ("Just a Click Away") _____
- Dental Termination Form* _____
- Dental Claim Form * _____
- Guarantee of Service Excellence (GOSE) _____

VISION

- Vision Plan Description Booklet and Outline of Coverage _____
Note: Booklets and OOB's are mailed to new subscriber's homes.
- Employee Enrollment/Change Form* _____
- DeltaVision Termination Form* _____

• Other _____

For your convenience, the forms noted above () may be downloaded from our Web site at www.nedelta.com

I would prefer to have my employees access their Dental/Summary Plan Description booklet and/or Vision Plan Description booklet through my company intranet.

Northeast Delta Dental Use Only

Date of Order: _____

Date Order Filled: _____