

## **EMPLOYEE ENROLLMENT FORM**

OAHU: TOLL FREE:
PHONE: 808-529-9230 1-844-829-3256
FAX: 808-529-9207 1-866-590-7989
EMAIL: GSC@HawaiiDentalService.com

	A.	Group Information									To be completed by the Group										up Administrator PLEASE PRINT LEGIBLY																				
Group/Division #									1							Group Name																									
Contact Name														Contact Phone #									_ [					-							ext						
B. Employee									This section must be completed.																																
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C. Family Members  Please attach a separate Be sure to include the e																							<b>er</b> ar	nd <b>n</b>	ame	wh	en a	ttac	hing	add	ition	al sh	eets	i.							
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