

EMPLOYEE ENROLLMENT FORM

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

LAST NAME FIRST NAME/MIDDLE INITIAL MAILING ADDRESS APT/UNIT NUMBER CITY STATE ZIP CODE PHONE NUMBER EMAIL ADDRESS Please attach a separate sheet for additional dependent(s). Be sure to include the eligible employee's identification number and name when attaching additional sheets. BIRTHDATE (MM/DD/YYYY) PREATION SEX Spouse Domestic Partner M Full-time student Disabled Child LAST NAME	ext
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D. Authorization I certify that the information provided is true, correct and meets the terms and conditions of the HDS Agreement	
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