

**! URGENT: IMMEDIATE ACTION NEEDED!**

**DOMINION DENTAL SERVICES FOR BENEFIT FUND MEMBERS**

**PROVIDER SELECTION FORM**

USE DOMINION DENTAL DIRECTORY TO SELECT A DOMINION DENTAL SERVICES PROVIDER FOR YOURSELF & EACH ELIGIBLE FAMILY MEMBER

YOUR DEPENDENTS MAY CHOOSE SEPARATE FACILITIES.

**SUBSCRIBER (MEMBER) INFORMATION**

SOC. SEC. NO.	SEX	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	DENTAL OFFICE CODE*

**DEPENDENT INFORMATION**

SOC. SEC. NO.	SEX	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	DENTAL OFFICE CODE*

Member's Name: \_\_\_\_\_

Member's Soc. Sec. No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Member's Signature & Date: \_\_\_\_\_

**YOU MUST FILL OUT AND RETURN THIS FORM IMMEDIATELY TO:** Benefit Fund, 1319 Locust Street, Philadelphia, PA 19107. If you have any questions, call (215) 735-5720 or, if long distance, (800) 531-1199.

\* This is the code number in the Dominion Dental Services Provider Directory.