



Northeast Delta Dental

Supply Reorder Form

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

Mail: Account Services
Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002

Email request to: accountservices@nedelta.com
FAX: Attn: Account Services: 603-223-1129

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

Today's Date: _____

Group Number: _____ Sublocation number(s): _____

Group Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Group Contact Name: _____

Phone number: _____ Email: _____

Supplies Needed

Dental		Vision	
Document Name	Quantity	Document Name	Quantity
Group Administrator Packet	_____	Employee Enrollment/Change Form*	_____
Employee Enrollment/Change Form*	_____	DeltaVision® Termination Form*	_____
PPO plus Premier Paid Claims Flyer	_____	DeltaVision® Member Quick Facts	_____
Stretch Your Annual Maximum Flyer	_____	Vision Benefit FAQs Flyer	_____
EyeMed Discount Vision Flyer	_____	Online Retailers Flyer	_____
Website Information Flyer – Go Green	_____	Other: _____	_____
HOW® Enhanced Benefit Flyer	_____	_____	_____
Vision and Hearing Discount Flyer	_____		
HOW® Pocket Guide	_____		
Mobile App Flyer	_____		
Dental Termination Form*	_____		
Dental Claim Form*	_____		
Guarantee of Service Excellence SM (GOSE)*	_____		
Other: _____	_____		

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

- One copy of the Dental and/or Vision Summary Plan Description Booklet and Outline of Benefits.
Note: These materials are mailed to new subscriber's homes if group is not Intranet/GO GREEN.
- I would prefer to have my employees access their Dental/Summary Plan Description booklet through my company intranet.