DELTA DENTAL

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*	
Network Cost Savings PPO Plus Premier Example		DeltaVision® Member Quick Facts	
Network Cost Saving PPO Example		Vision Benefit FAQs Flyer	
Stretch Your Annual Maximum Flyer*		Online Retailers Flyer	
Access Your Member Benefits 24/7*		Other: _____	
HOW® Enhanced Benefit Flyer*		_____	
HOW® Home Care Offer			
Vision and Hearing Discount Flyer			
Mobile App Flyer*			
Dental Termination Form*			
Dental Claim Form*			
Guarantee of Service Excellence℠ (GOSE)*			
Other: _____			

*For your convenience, the documents noted above (*) may be downloaded from our website on our Group Admin Portal or at *nedelta.com/employers/resources.*

☐ 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.