DENTALSELECT.

Multiple Subscriber Cancelation Form

Phone: 801-495-3000 **Toll Free:** 800-999-9789 **DentalSelect.com**

Group Information		
Company Name:	Group #:	Sub-Group #:

Social Security/ID Number	Name of Subscriber	Cancellation Date*	Reason*

Employer/Agent Authorization Signature: _____

Employer/Agent Name: _____ **Title:** _____

Effective Date:	**Comments:**

*Valid cancelation reason and date must be included with all listed subscribers for change to be effective. Valid reasons for cancelation are; **Termination, Loss/Gain of other coverage, Open Enrollment, Full to Part time & Death.**

Dental Select 5373 S. Green Street, 4th Floor, Salt Lake City, UT 84123 Fax: (801) 290-5101 Toll Free Fax: (888) 998-8704 www.dentalselect.com