



# Portal User Account Request

TOLL FREE PHONE: 800-999-9789 TOLL FREE FAX: 888-673-5328 DENTALSELECT.COM

## User Type

Group     Member     Agent/Broker (If the user type is Agent/Broker, you MUST attach the group's authorization email.)

## Administrator Information

Group Name:
Group Number:
SE for Group:
Group Type: <input type="checkbox"/> Fully – Insured <input type="checkbox"/> Self – Funded*

## User Information

User First Name:	
User Last Name:	
Is this proposed user a Dental Select member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
User's Date of Birth:	User Email Address:

\* Special Notes or Exceptions: