UNITED CONCORDIA
America's Premier Dental Insurer

Small Group Transmittal Form

Small Business Unit
United Concordia
1800 Linglestown Road, Suite 208
Harrisburg, PA 17110

Group Name (please limit to 38 characters):

_____

Selected Dental Plan: _____

Effective Date: _____

Producer Name: _____

Agency Name: _____

Paperwork submitted by:
(Name and Phone Number)

_____

Comments:_____
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