



## Enrollment Form Request

Date of Request \_\_\_\_\_

Dealership Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Employee Name \_\_\_\_\_

Hire Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Status (circle one)                      FT                      PT

Employee Address \_\_\_\_\_

\_\_\_\_\_

How would you like to receive the form? (Please circle)    Email\*    Fax    Mail

\*Please be advised that if you request the form to be sent to you via email, privacy laws require us to send it via Zix, our secure email system.

Please provide your information below:

Requested By: \_\_\_\_\_

Email: \_\_\_\_\_

Fax#: \_\_\_\_\_

Date Needed\*: \_\_\_\_\_

**\*Please allow up to 5 business days for requested enrollment forms. Thank you.**

Please submit to:

**Enrollment Team**  
Group Dynamic, Inc.  
411 US Route One  
Falmouth, ME 04105  
Phone: 207-781-8800  
Fax: 207-781-3841  
[enrollment@gdynamic.com](mailto:enrollment@gdynamic.com)