Group Dynamic Inc.
THIRD PARTY ADMINISTRATION

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:

Gail Vaillancourt
Group Dynamic, Inc.
411 US Route One
Falmouth, ME 04105
Phone: 207-781-8800
Fax: 207-518-5241
gvaillancourt@gdynamic.com