



Facsimile Nomination Card
Fax to: + 877-898-1097 (outside the U.S.)
1-877-898-1097 (in the U.S.)

Securian would like to contact your dentist to encourage him or her to participate in the Securian dental plans' program. We will make every effort to contact your dentist and enlist his/her participation, but we need the following information first.

- We're asking you to **FILL OUT THE FORM BELOW** with the requested information

Your Dentist's Name _____

Office Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone (if known) _____

E-mail address (if known) _____

- Finally, **RETURN THIS ENTIRE FORM** via facsimile to Network Department, Securian at + 877-898-1097 (outside the U.S.) or 1-877-898-1097 (in the U.S.). The staff will contact your dentist to encourage their participation in the program.

Or

- SEND AN E-MAIL** with the requested information to dentistnomination@securiandental.com

Your Dentist's Name _____

Office Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone (if known) _____

E-mail address (if known) _____

+ Dial the country code of the country you are calling from (i.e., 00 is Switzerland) followed by the remaining numbers.