



DTL, INC. INSURANCE ADMINISTRATORS

215-674-9400 800-734-9400 Fax 215-674-0400

Group Health Plan Designated Contact Form

Please complete all information and return to DTL at:

Fax: (215)674-0400 **OR** Mail to: DTL, Inc.
120 S York Road, Suite 2
Hatboro, PA 19040

Group Name: _____

Group Contact Name: _____

OR

Group Contact Title: _____

Address: _____

Telephone Number: _____

Fax Number: _____

I certify that the person or title listed above is an employee of the group health plan. This designation will remain in effect unless revoked or changed, in writing to DTL, by an authorized officer of the group.

Name: _____

Authorized Signature: _____

Title: _____

Date: _____