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## PRIMARY Insurance Information

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White, Roan & Associates  
2590 Park Center Boulevard, Suite 100  
State College, PA 16801  
(814) 234-6826

Policy Holder's Name:

\_\_\_\_\_

Policy Holder's Address:

\_\_\_\_\_

\_\_\_\_\_

Member's ID#:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

Policy Holder's Employer:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

Employer Phone:

\_\_\_\_\_

Dental Insurance Name:

\_\_\_\_\_

Address of Dental Insurance:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Group Number:

\_\_\_\_\_

Type of Dental Plan:

\_\_\_\_\_

Persons/birth dates covered under this dental insurance plan:

\_\_\_\_\_

\_\_\_\_\_

\* If you are covered by a secondary insurance plan, please fill out the "SECONDARY Insurance Information" form also.