



Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018
888.335.8296

Date: _____

GROUP REQUEST FORM

Group Name: The Local Choice

Group Number: 047000000 & 048000000 Telephone Number: _____

Group Administrator: _____

Group Address: _____

Mail to (If Different from Above): _____

Quantity Needed

_____ Benefits Brochure

Delta Dental of Virginia Use Only	
Date Received:	_____
Date Completed:	_____
Sign off:	_____
Method Sent:	Next Day Air _____ 2nd Day Air _____ UPS Ground _____ Regular Mail _____

Please send request to:
Delta Dental of Virginia
Attn: Marketing Administration
4818 Starkey Road, Roanoke, VA 24018
Fax to 540-774-7574
Email to MktgAdmin@deltadentalva.com

If you have questions or need additional information please contact Krystal Gillespie at:
804.915.2690 or krystal.gillespie@deltadentalva.com