



Group Request Form

Date _____

Group Name Commonwealth of Virginia

Group Number 00010111111

Phone Number _____

Benefits Administrator _____

Agency Address _____

Mail to Address (if different from above) _____

Quantity Needed

_____ Benefits Brochures

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
5415 Airport Road, Roanoke VA 24012

Fax: 540.774.7574

Email: MktgAdmin@deltadentalva.com

If you have questions or need additional information,
email CentralAccountManagementTeam@deltadentalva.com.



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