



**If your dentist is not currently in the network, and you would like them contacted,  
please take the time to complete the form below.**

**Special Recruitment Nomination Form**

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

**DENTIST**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax completed form to:      Senior Regional Network Manager  
Guardian Life Insurance  
Fax: 509-464-8019

Or email to:                              PPO\_Nomination@glic.com