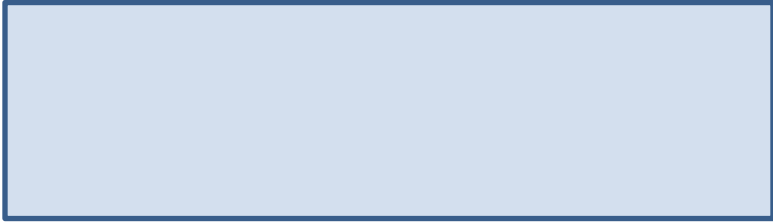




Dental Savings Plan Enrollment Form



~ For office use only ~

Effective Dates

Starting Ending

To apply for membership please complete all questions.

Name: First Name Last Name

Address: Street Address

Street Address (line 2)

City State Zip Code

Contact Number: Area Code Phone Number

Application/Plan Type:

Additional Member Name(s):

- Single \$440.00
Dual (2 members only) \$838.00
Family (Up to 3 members) \$1,240.00
Each additional family members \$353.00 (4 to 6 members)
Each additional family members \$295.00 (7 or more members)

If paying by Credit Card, please provide the following information:

MasterCard Visa Discover Account #: Expiration Date: 3 digit Security Code: Name on the card:

Signature

Date