



Dental Savings Plan Enrollment Form



Effective Dates

~ For office use only ~

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 \$453.00
Dual (2 members only) \$863.00
Family (Up to 3 members) \$1,277.00
Each additional family members \$364.00 (4 to 6 members)
Each additional family members \$304.00 (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