CENTRAL FLORIDA DENTAL PLAN (C.F.D.P.)

DENTAL FACILITY: _____

SOCIAL SECURITY NO. | LAST NAME | FIRST NAME | M.I. | BIRTHDATE (MO DAY YEAR) | ☐ M ☐ F

HOMEADDRESS | AREA CODE HOMEPHONE | SEX

CITY | STATE ZIP CODE | AREA CODE BUSINESS PHONE

LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW IF THEY ARE TO BE COVERED

(Eligible dependents include your spouse unmarried children from birth to age 19 or to ege 23 if a child is both a full-time student and dependent on you for pro-nary support) DATE BIRTHOF

2. Spouse	LAST (F OFFERENT)		
3. Child:			
4: Child:			
5. Child:		☐ M ☐ F	
6. Child:			
7. Child:			
8. Child:			

COVERAGE EFFECTIVE DATE:		EXPIRATION DATE:		AGENT:
METHOD OF PAYMENT:	# DEPENDENTS COVERED:	ANNUAL CONTRIBUTION AMOUNT S	F R OFFICEUSEONLY AMOUNT PAID S	NROLLMENT (a-mal) FEE $

I wish to enroll in the Plan. I understand that this is a MINIMUM ONE (1) YEAR CONTRACT and mat all necessary denål services will be provided as described in the schedule of benefit which I have received and understand. I also understand that he annual premium is to be paid in advance and is not refundable for any reason at all.

Applicants Signature: X

Check Amount: $

Date:

ENROLLMENT INSTRUCTIONS:

I. Complete the attached application
(Be sure to list all family members to be included)

2. Choose VISA, MASTERCARD, DISCOVER or payment by check.
Annual contribution is to be paid in full prior to each yearly enrollment period.

NOTE: Completed applications, with correct payments will become effective on the 1st of the following month.

PLEASE NOTE:

Any persons who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

CREDIT CARD SELECTION

For your convenience:

MasterCard a Visa a Discover

(Check One)

1 Member

2 Members

3 Members

4 Members

5 or more

PAYMENT BY CHECK

FILL IN CARD NUMBER

EXPIRATION DATE MO YR.

Agent Signature:

CONTRIBUTION RATES

Monthly Equivalent	Annual Rate
$10.00	$120.00
$15.00	$180.00
$20.00	$240.00
$25.00	$300.00
$30.00	$360.00

AMOUNT CHARGED Must be the entire annual contribution

I hereby authorize charging of my Credit Card.
Card Holders Signature X