

Dental Membership Plan



No insurance?

We have got you covered!

- No waiting periods
- No large deductibles
- No preexisting clauses
- No hassle with insurance companies
- No limits on maximums

Address: 906 W.
McDermott, Ste. 112 Allen,
Texas 75013

Phone number:
469-701-3437

ENROLLMENT FORM

PRIMARY PLAN HOLDER (FULL NAME): _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

BENEFICIARY 1
(NAME & DATE OF BIRTH): _____

BENEFICIARY 2
(NAME & DATE OF BIRTH): _____

BENEFICIARY 3
(NAME & DATE OF BIRTH): _____

PLAN EFFECTIVE AS OF (DATE): _____

PRIMARY PLAN HOLDER SIGNATURE: _____