



ENROLLMENT FORM

Requested Effective Date_____

First Name Initial Last Name

Date of Birth_____ AGE_____ Gender ____ male ____ female

Social Security Number_____

Cell Number_____

Email address_____

Address_____

City_____ State_____ Zip_____

If you pay via EFT from Bank Account you will receive a \$3.00 monthly discount which is already included in the rates

Banking Name_____

Routing Number_____

Account Number_____

Do you Currently Have Dental Now? ____NO ____YES If so, who is your policy with

Your Primary Care Dental Porvider_____

Address_____

City_____ State_____ ZIP_____

Phone Number_____

SIGNATURE AUTHORIZATION: _____ DATE_____

Premier Plan

Preferred Plan

Standard Plan

Economy Plan

PLEASE ENROLL ME INTO THE PLAN SELECTED ~~CHECK ONE~~

Return to Lynne Clausen (email: Lynne@InsAdvocates.com or Fax 863-588-1663