

# Individual Membership Registration

## Broker Information

Name:	Producer No.:
-------	---------------

## Primary Member Information

First Name:	Last Name:	MI:
Date of Birth:		
Mailing Address:		
City/State/Zip:		
Home Phone:	Cell Phone:	
Email Address:		
Employer:	Work Phone:	

## Dependent Information

Name:	DOB: / /	Name:	DOB: / /
Name:	DOB: / /	Name:	DOB: / /
Name:	DOB: / /	Name:	DOB: / /

## Monthly Rates for Plans

Plan	Member	Member +1	Member +2 or More
Dental Only	<input type="checkbox"/> \$12.95	<input type="checkbox"/> \$19.95	<input type="checkbox"/> \$27.95
Dental + Vision	<input type="checkbox"/> \$15.95	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$32.95
Dental + Chiro/Massage	<input type="checkbox"/> \$17.95	<input type="checkbox"/> \$26.95	<input type="checkbox"/> \$34.95
Dental +Vision +Chiro/Massage	<input type="checkbox"/> \$21.95	<input type="checkbox"/> \$32.95	<input type="checkbox"/> \$41.95

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURES

This program is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act. Savings will vary by provider, plan, and zip code. The discounts are only available through participating healthcare providers. Services must be paid for by member at the time services are provided. We encourage you to check with your participating provider prior to beginning treatment. This program contains a 30-day cancellation period.