

Dental Savings Plan Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Spouse, family members or employees to be included in coverage:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Employers:
To inquire about the
Dental Savings Plans,
visit our website:
www.northlandsmiles.com
or call toll free
800-477-7645

Please indicate the plan you have chosen below:

_____ **Rt gxgplvg Plan:** One-year dental package with **15% discount** on services (\$200)

_____ **Dcuk Plan:** Green package plus \$500 credit and **20% discount** on services (\$700)

_____ **O clqt Plan:** Green package plus \$1000 credit and **25% discount** on services (\$1,200)

Method of Payment:

_____ **Check** (Please make checks payable to "Pqt vj rpf 'Uo lgu")

_____ **Visa** _____ **Master Card** _____ **American Express** _____ **Discover**

Credit Card # _____ **Expiration Date:** _____

Dental Savings Plan:

I hereby apply for membership in this dental savings plan for myself and others named on this application form. I agree, for myself, and any others listed, to abide by the rules and regulations of the plan. I understand that all discount rates apply only to payments made in full at the time of service. I further understand that my coverage and benefits may be affected by my failure to provide complete and accurate information. I will promptly advise Northland Smiles of any changes in this information.

Signature

Date

Bring, mail or fax this form to your nearest Pqt vj rpf 'Uo lgu (Fax numbers are listed below.)

Deerwood:
(218)534-3949