

4 Star Dental Plan

Effective Date:

Please Select Plan

- Individual Member \$129.00
- Member and One Dependent \$199.00
- Member and Up to Three Dependents \$249.00

○ 12 Month Membership terms:

- Paying for the year in full allows my coverage to be effective immediately and active for a full 12 months. At the end of the 12 months, I understand my membership will become inactive unless I pay for another 12 months. I understand I can pay by Cash, Check or Credit Card (Visa, MasterCard, Discover, American Express). I understand Care Credit is not an acceptable form of payment. I understand and agree that this dental membership plan is non-refundable.

Member Registration

Last Name _____ First _____ MI _____

Mailing Address _____ Apt# _____

City _____ State _____ Zip Code _____

Phone _____ DOB _____ Email _____

List Eligible Dependents

First Name	Last Name	MI	Male/Female	DOB	Relationship

4 STAR DENTAL

I understand that by signing below I agree to these terms for the **4 Star Dental** Discount Plan. As a **4 Star Dental** Discount Plan member I agree to pay the amount marked above.

X _____ **Date** _____