STLDentalPlan LLC

Member Application

Name_____

Address_____City_____State_____Zip_____

Phone _____ Cell Phone _____ Email _____

#1 Member Name _____ M __ F __ Date of Birth _____

#2 Spouse Name _____ M __ F __ Date of Birth _____

#3 Dependent Name _____ M __ F __ Date of Birth _____

#4 Dependent Name _____ M __ F __ Date of Birth _____

#5 Dependent Name _____ M __ F __ Date of Birth _____

Plan Requested:

Individual ___ $95.00/yearly Individual/Spouse ___ $135.00/yearly Family ___ $175.00/yearly

$25.00 Administrative Fee

Payment:

Name _____ Expiration _____
(As it appears on your card)

Card Type (circle one) Visa MasterCard Discover American Express

Card Number _____ Security Code _____

Amount Enclosed $ _____

Authorized Signature _____

*** Plan Terms and Conditions:**

Plan Termination The plan is a (1) year agreement. STLDentalPlan LLC reserves the right to terminate a member with good reason including but not limited to nonpayment or fraud.

Plan Limitations STLDentalPlan LLC is not an insurance plan it is a discount plan which has a contracted agreement with participating general dentists to accept a designated fee schedule. Specialists are not subject to this fee schedule, they will provide the member with a 15% discount from their normal fees. It is the member's responsibility to verify dental office participation.

Renewals: Your dental plan will not automatically renew. Written notice of plan expiration will be mailed to the subscriber yearly, if payment is not made within the renewal time frame the agreement will be terminated and benefits will cease. Coverage that expires past the renewal date will be required to pay the $25.00 administrative fee.

STLDentalPlan LLC is a discount dental plan, NOT AN INSURANCE PLAN there are no claims filed and no reimbursement made to the provider.

Member Signature _____ Date _____
By signing this form you agree to all Terms and Limitations listed above.

Provider _____

Mail or fax completed application along with payment to:

STLDentalPlan LLC
5640B Telegraph Rd. #274
St. Louis, MO 63129
(800)-456-0704 - (314) 293-1801 - Fax (314) 293-1387
www.stldiscountdental.com