Online

MetroCare Dental Plan Enrollment Form

MetroCare Dental Plan LLC
14285 Midway Road, Suite 160, Addison, TX 75001

Account Number	Effective Date

Please print or type. Shaded areas are for producer or office use only.

1 The discount plan I am applying for is...

☐ MetroCare Dental Plan ☐ MetroCare Dental Plan - Elite

2 I'm filling out this application because I wish coverage for…

☐ Myself Only ☐ Myself & the dependents listed below

3 My information is…

Self (Last, First, Middle Initial)	Social Security Number	Gender ☐ M ☐ F
Mailing Address	City/State/Zip	Home Telephone Number
E-mail Address	Date of Birth	Requested Effective Date

4 My annual payment will be paid by the following method:

☐ Credit Card (Master Card/Visa, Amex, Discover) ☐ Personal Check (please send by mai

Card number _____

Exp Date _____ / _____ Signature _____

I authorize the verification of the information provided on this form as to my credit card and understand that my card will be billed annually.
I am responsible for any changes to my information and will give written notice at least 60 days prior to cancellation of my membership.
I understand if I do not provide a 60 day written cancellation, my credit card will be billed the full amount of the annual membership fee.

5 I want to enroll my…

Legal Spouse or Domestic Partner (Last, First, Middle Initial)	Date of Birth Social Security Number	Gender ☐ M ☐ F ☐ Husband/Wife Domestic Partner
Dependent Child (Last, First, Middle Initial)	Date of Birth Social Security Number	Gender ☐ M ☐ F
Dependent Child (Last, First, Middle Initial)	Date of Birth Social Security Number	Gender ☐ M ☐ F
Dependent Child (Last, First, Middle Initial)	Date of Birth Social Security Number	Gender ☐ M ☐ F

I, the undersigned, have fully read, understand and agree to all terms and agreements and I attest that the above statements are true and correc
With my signature I attest to the accuracy of the information provided on this form and acknowledge my desire to enroll in the MetroCare Den

Signature: _____ **Date:** _____

For Office Use Only:	*Online*	*Date Received*
Renewal Date	*Referral Source - Location*	*Member Number*