



<i>For office use only</i>
Start Date: _____
End Date: _____

## APPLICATION FOR DENTAL SAVINGS PLAN

Print clearly in black or blue ink, and answer all questions or indicate "not applicable" (i.e. N/A).

### Your Profile

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MM/DD/YYYY Ex: 123-45-6789

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Wireless Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Wireless Carrier (needed if you prefer text messages) \_\_\_\_\_ Email \_\_\_\_\_

### Your Spouse/Partner Profile

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MM/DD/YYYY Ex: 123-45-6789

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Wireless Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Wireless Carrier (needed if you prefer text messages) \_\_\_\_\_ Email \_\_\_\_\_

### Your Children

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

### Choose Your Savings Plan

Single \$439  5% Discount Auto-Renewal  
 Dual\* \$839 ◆ *Applies to next year's premium*

Family (3)\*\* \$1189

Family (4)\*\* \$1489

Each add'l member (5<sup>th</sup>+ person), \$249 per member\*\*  
 ◆ *Number of additional members* \_\_\_\_\_

\* The Dual Plan is for the Parent/Child or Husband/Wife/Partner.  
 \*\* The Family Plans include family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Mail this completed application with appropriate payment (check or credit card) to:
2. Make checks payable to **MT West Dentist**
3. Your membership starts **the day your full payment is processed**

**MT West Dentist**  
**PO Box 837**  
**Plains, MT 59859**

Credit Card:  Visa  Discover  MasterCard  AMEX

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV \_\_\_\_\_ ZIP assoc'd with card \_\_\_\_\_

Authorized Signature \_\_\_\_\_