

APPLICATION FOR Q-DENT DENTAL PLAN

(FOR OFFICE USE ONLY)		ELIGIBILITY DATE _____	
CONTRACT NUMBER _____		EMPLOYER NUMBER _____	
PAYMENT AMOUNT _____		DRAFT DATE _____	
		EFFECTIVE DATE _____	
1. METHOD OF PAYMENT (Complete one)		THIS SPACE FOR HOME OFFICE CORRECTIONS OR AMENDMENTS ONLY	
A. Monthly Bank Draft _____ (Draft Date _____)			
B. Payroll Deduction _____ (Company Name _____)			
C. Monthly Billing _____ (Monthly Amt. \$ _____)			
D. Other _____			
2. Have you EVER been a member of Q-Dent? Yes _____ No _____			
3. Is this a CHANGE of contract? Yes _____ No _____ If yes, explain _____			
4. Plan Patient Desires: Single _____ Couple _____ Family _____			
5. Applicant or Employees' Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			
6. Sex: Male _____ Female _____			Married _____ Single _____ Other _____
7. Social Security Number:			Email :
8. Address:			Home Telephone: ()
9. Choice of Providing Dentist _____			
Changes in Choice of Providing Dentist Requires Notification to Q-Dent by the first of the month change is made.			
10. Spouse's Name: (ONLY if covered)			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			
11. Spouse's Social Security Number:			Spouse's Driver's Lic. #:
Children: List ONLY dependent children covered (See Membership Subscription Instructions) Circle Sex			
12. Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			M F
Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			M F
Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			M F
Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			M F
Name:			Date of Birth: Mo./Day/Year
Last _____ First _____ Initial _____			M F
Employment Information			
13. Employed By:		How Long:	
Address:		Telephone # (Work):	
14. (Spouse) Employed By:		How Long:	
Address:		Telephone # (Work):	
MEMBERSHIP ACCEPTANCE STATEMENT			
The subscriber accepts membership in the Q-Dent Plan according to the terms and provisions contained in the Membership Agreement and in the policy that is associated with membership in the plan, that are attached hereto. Within ten days after the Membership Agreement and the policy are received by the Subscriber, the Membership Subscription and the policy may both be cancelled without reason by returning the ID-Card and the policy to Q-Dent. Use of the ID-Card or the policy during this ten day period shall constitute acceptance of the Membership Agreement.			
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.			
_____		_____	
<i>Subscriber's Signature</i>		<i>Date Signed</i>	

TERMS AND CONDITIONS

1. All statements and answers in this application are true and are representations made to induce the issuance of the dental policy applied for herewith.
2. If this application is accepted, the executed contracts will be delivered to the Remitting Agent named in this application, whom the applicant hereby appoints as his agent.
3. The applicant agrees to pay to Q-Dent the prevailing subscription fees for said contracts, in advance, on or before the 20th day of each month or by such other date as may be agreed upon, and hereby authorizes the Remitting Agent to deduct from his wages or salary, a sufficient amount to provide for the regular prepayments of such subscription fees that are not otherwise contributed, and to remit the same for him, and on his behalf, to Q-Dent at its office in Denham Springs, Louisiana.
4. It is understood and agreed that each Participant expressly consents to, authorizes and directs the dentist, consultant, hospital or other person by whom or in which any dental treatment or advice is being, shall or shall have been rendered, to furnish and make available to Q-Dent all such medical and surgical reports, records and other information as Q-Dent may request, at no cost to Q-Dent.
5. It is understood and agreed that each Participant expressly consents to, authorizes and directs Q-Dent at its or its assign's discretion the right to verify credit information as needed for the acceptance of this application.

I hereby apply for the Dental Plan of Q-Dent that is made available to me through the Remitting Agent, or the Association with which I am affiliated. A photocopy of this application is to be considered valid as the original.

Date: _____

Signature: _____

Agent Signature: _____

****** Complete the following if method of payment is bank draft. ******

**Q-Dent
Request for Dental Plan**

As a convenience to me, I hereby request and authorize you to draw checks on my bank checking account maintained at:

Bank Name		City & State	
Street Address		My name as it appears on bank records (please print)	
Checking Account Number	Bank Transit Number from upper right hand corner of check	Numbers above line	Numbers below line

I agree to the following statements:

- (1) If any check is dishonored, the contract fee for which the check is drawn shall be considered in default.
- (2) This authorization may be cancelled by me upon receipt by Q-Dent of my written notice.
- (3) Attached is a void check containing the above checking account information.

Dated _____

X _____
Signature as it appears on bank records

X _____
Joint Account Signature