Referred by: Online Email Ad or by Dentist ______________________Tel ( )_____ - _______

Policy Type: Individual / Couple / Individual + Kids / Couple + Kids Child Ortho Rider Y / N

Today's Date ____/____/ _____ Effective Date ____/____/ _____

Applications received after 2pm will be made effective next business day. If received on the 29th- 31st will be valid on the 1st

Social Security # :	**APPLICANT # ____________________**	**SPOUSE #________________________**
Legal First Name:	______________________ MI ____	______________________ MI ____
Legal Last Name:	________________________________	________________________________
	DOB ____/____/ _____ Age _____	DOB ____/____/ _____ Age _____
	Height_______ Weight ________ lbs.	Height_______ Weight ________ lbs.
	Tobacco Y / N Gender M / F	Tobacco Y / N Gender M / F
Employer:	________________________________	________________________________
Earnings:	Per Mo: ___________ Yr: _________	Per Mo: __________ Yr: __________
Job Type:	_________________________________	_________________________________
Work Phone:	( ) _____ - ________	( ) _____ - ________
Does employer:	offer Health Insurance: Y / N	offer Health Insurance: Y / N

Would you like a quote on individual health insurance starting at $104 for adults, $65 for children? Y / N

Applicant's Address:____________________________City:_________________State:____ Zip:_________

E-mail: ____ Tel: ( ) _____ - ___________

CHILDREN TO BE COVERED BY DENTAL: (up to age 18, OR full-time students through age 22 only)

Relationship to Applicant	**Last Name**	**First Name**	**MI**	**Sex**	**Age**	**DOB**
__________________	_______________	_______________	___	M / F	___	____/____/ _____
__________________	_______________	_______________	___	M / F	___	____/____/ _____
__________________	_______________	_______________	___	M / F	___	____/____/ _____

Do you currently have dental insurance? Y / N   Are you planning to **REPLACE** it with DentalQuick? Y / N

If replacing, give Policy # ________________________ Name of Insurance __________________________

Tel: *(   )* _____ - _________   Effective Date: ____/____/ _____   **Expiration Date**: ____/____/ ____

You may be eligible for a one year replacement credit if you replace valid previous dental insurance within 30 days

Policy: LEVEL 3 - $75 Preventive 2x/year PLUS $1,500 Basic & Major 1x/year per person. Region ___

I authorize the Dental Insurance Monthly Premium to be automatically drafted monthly the same day as the policy effective date via: Bank / Credit Card

BANK DRAFT

Bank Name: ________________________________

Branch: ____________________________________

City: ___________________ State: ___ Zip: _____

Routing #: __________________________________

Acct #: _______________________ Check/Savings

AUTOMATIC CREDIT CARD PAYMENT

VISA / MC / Other ___________________

Card #: ______ - ______ - ______ - ______

Exp. Date: ____/____/ _____

3-digit Security Code_____

Name on card: ____________________________

I understand that this dental policy will pay for services by any US-licensed dentist, regardless of whether that dentist is registered with DentalQuick or not. The policy is intended for my ongoing dental health, and the longer I keep it, the more it will pay. Requests for activation today must received by 2pm Central time.

My cell phone # ________________   **Policy activation will be confirmed by voice or by email.**

Signature of Primary Insured: ___________________________________ Date Signed: ___/ ___/ ___

***************************** **FOR DENTAL OFFICE USE:** **************************

Dentist ___________________________ Lic. # _______________________ Tel (   )_____ - _______

Faxed on: at _____ Central time   Dental Office Contact: _______________ Credit: ________________

Immediately fax completed application to 1-888-770-8818 between 7am and 5pm Central time. DentalQUICK will fax your office a policy number to fax #_______________________________

FOR DentalQUICK USE:

DQ -Verified by:_______________________________ DQ - Keyed in by: ____________________________

Under Agent #: _________________________ Sent to HQ on: ____/____/ _____ Central Time: _______