

Group Enrollment Form

To activate your group membership please remit the following:

- Signed and Complete Group Agreement & Application
- Completed Employee Enrollment Forms (All participating employees)
- Membership Payment (First month payment must be included for activation if paying by check)

Group information:

Effective Date: _____ Group Name: _____

Billing Address: _____

City/State/Zip: _____

Office phone: _____ Email: _____

Contact name: _____ Title: _____

How did you hear about us? _____

Best form of contact: Email Phone Send monthly invoice by: Email Mail

Payment information:

Individual / Employees (included total) _____ **X** _____ = _____

Family / Employees + dependents _____ **X** _____ = _____

Monthly billing fee _____ + \$10.00 _____

Total amount due \$ _____

Please select one of the below payment options.

Bill my credit card Check enclosed (First month payment must be included for activation)

Bill my credit card: Visa Master Card American Express

Name on credit card: _____

Account number: _____ Expiration: _____

Billing Address: (Check here if it is the same as above) _____

City/State/Zip: _____

Signature: _____ Date: _____

"I understand the Plan Description of Services and Membership Agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account automatically each month."

Please make check payable to: New Dental Choice

Please send Group agreement, Group application, Employee enrollment forms, and payment to:

New Dental Choice • PO Box 919029 • San Diego, CA 92191

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