



For office use only

Start Date: _____ Primary applicant

End Date: _____ Add'l member

APPLICATION FOR Park Dental Care Plan

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

Your Profile

Name _____ DOB _____
Last First MM/DD/YYYY

Mailing Address _____

City _____ State _____ ZIP _____

Mobile Phone _____ Home Phone _____ Work Phone _____

Email _____
(if applicant is under age of 18, application needs to be filled by guardian)

Guardian's Name _____ DOB _____
Last First MM/DD/YYYY

Primary Family Profile

Name _____ DOB _____ Relationship _____
Last First MM/DD/YYYY

Choose Your Care Plan

Park Dental Care Plan Tier1	\$199 <input type="checkbox"/>	senior \$159 <input type="checkbox"/>
Park Dental Care Plan Tier2	\$399 <input type="checkbox"/> \$299 (Each Add'l member) <input type="checkbox"/>	senior \$319 <input type="checkbox"/> \$239 (Add') <input type="checkbox"/>
Park Dental Care Plan Kid's	\$99 <input type="checkbox"/> 0 - under 3years old	\$159 <input type="checkbox"/> 3 - 13years old

- * Additional member fee is only applicable when your family has Tier2
- * Family member can be your spouse/partner or children
- * Senior discount applies to the age of 66 and over
- * In-office Promotion(implant, whitening, etc.) is not applicable to Tier discount

I carefully read and understand contents of Park Dental Care Plan coverage. All my questions have been answered.

Initial _____

Member Signature

Date

<<Your membership starts the day your full payment is processed>>