Application for Dental Wellness Plan

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

Nicollet Station Dental
510 Marquette Ave South Suite 100
Minneapolis MN 55402
Tel 612-338-5557 Fax 612-373-0602
Email to: info@nicolletstationdental.com

Primary Member Information:

Last Name	First Name	MI	Social Security Number
Street Address			Date Of Birth
City	State	Zip Code	Area Code & Phone Number

Dependent Information: (List all eligible dependents you wish to cover below)

Last Name	First Name	MI	Relationship	Date of Birth
1				
2				
3				
Additional				
Additional				

Coverage Information: Authorization for Pre-Arranged Payments

Coverage Type:

- Single ($17.99 per month or $199/year)
- Couple ($35.99 per month or $354/year)
- Family ($41.99 per month or $475/year)

  (2 adults & 2 kids)

Credit Card:

- Visa
- MasterCard
- American Express
- Discover

Credit card number_____

Expiration_____

I have read and understand the terms and conditions of the Dental Wellness Plan as listed on the back of this form and herby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Dental Wellness Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I herby request and authorize Nicollet Station Dental to deduct the above amount. This shall remain in effect for 12 months. This is not an insurance product.

X

Applicant Signature Date