

Comprehensive Dental Plan

NEW RENEWAL

Application Form

Referred by: _____

Please print clearly in blue or black ink, and answer all questions or indicate "not applicable."

YOUR PROFILE

Name: _____ Sex: Male _____ Female _____

Social Security # or Driver's License #: _____

Address (not a P.O. Box): _____

City, State, and Zipcode: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SPOUSE PROFILE (COMPLETE THIS SECTION IF APPLYING)

Name: _____ Sex: Male _____ Female _____

Social Security # or Driver's License #: _____

Address (not a P.O. Box): _____

City, State, and Zipcode: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

CHILDREN PROFILE (COMPLETE THIS SECTION IF APPLYING; 2 PER FAMILY)

Name: _____ Sex: M ___ F ___ Age: _____ Social Security #: _____

Name: _____ Sex: M ___ F ___ Age: _____ Social Security #: _____

Member Signature: _____

Date: _____

Please mail this completed application with appropriate payment (check or credit card) to:

Five Star Dental FC
2021 Lowe St. #202
Fort Collins, CO 80525

Circle Plan Type

Single: \$295.00 PER YEAR

Dual: \$575.00 PER YEAR

Family: \$865.00 PER YEAR

CREDIT CARD INFORMATION

Credit Card #: _____ EXP Date: _____ VISA _____ Mastercard _____

Authorized Signature: _____