



ADVANTAGE PLAN APPLICATION

Effective Date: ___/___/___ - ___/___/___

Account Number: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Covered Plan Members:

Name	Birth Date	Relationship	Cost per Member
		(A) Member	
		(B)	
		(C)	
		(D)	

Annual Membership Fee	
Individual	\$97
Each Additional Family Member	\$77

Payment Method

- Cash
- Check
- Debit/Credit Card # _____ Expiration Date _____ CVC _____

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature: _____ Date: _____
(signature of plan holder)

You will receive a membership card with your paid enrollment fee. Please bring this card with you to your appointments.

BREWER DENTAL ADVANTAGE PLAN CREDIT CARD AUTO-RENEWAL

Yearly Renewal-Your credit card will be charged one year from your enrollment date to ensure your continued coverage. A 30-day advance written notice is required to opt-out of automatic renewal. If you choose the auto-renew option, credit card or checking account information will be necessary for membership and auto-renewal fee.

Membership is effective the date in which payment is received and terminates the last day of that month the following year.

I authorize Brewer Dental Center to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Advantage Plan. If I choose to discontinue participating in the advantage plan at the end of my annual membership, I will notify Brewer Dental Center one month prior to my anniversary renewal date.

Signature: _____ Date: _____
(signature of plan holder)

Debit/Credit Card # _____ Expiration Date _____ CVC _____

Checking Account # _____ Routing # _____

*Annual fee is required at enrollment. Membership may be cancelled within 30 days of purchase for a refund. Enrollment costs and administration fees are not refundable. If membership is cancelled or refunded, all discounted services are void from the date of purchase. **Brewer Dental Center** reserves the right to modify, change, or discontinue the **Brewer Dental Advantage Plan**, fees, terms, and services at the company's option prior to your anniversary renewal date. For more information please visit our website at www.BrewerDentalCenter.com

For Office Use Only:

Did each member receive a membership card? YES/NO

Name of employee processing application: _____

Expiration date of membership: Month: _____ Day: _____ Year: _____

Notes: _____