



Individual & Family Enrollment Application - California

9762

Agent #: _____

Last Name		First Name			M.I.	Social Security Number	
Home Address				City (Complete Name)		State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	Month	Day	Year	Day Time Phone ()	
Primary Language				Please note any communication impairment			

Must be completed to enroll in plan:				Facility Number 1st Choice	Facility Number 2nd Choice
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Dependent Information (attach a separate sheet for additional dependents)

Circle One	Circle One	Last Name	First Name	MI	Date of Birth Mo/Day/Yr	Disability Y/N	Facility Number 1st Choice	Facility Number 2nd Choice
Spouse	Male					Yes No		
Child	Female					Yes No		
Spouse	Male					Yes No		
Child	Female					Yes No		
Spouse	Male					Yes No		
Child	Female					Yes No		

Select Your Payment Method – check one: Annual Check Annual Credit Card Monthly Credit Card Draft Monthly Bank Draft

Classic Choice			Premier Choice		
I am enrolling (check one)	Annual	Monthly	I am enrolling (check one)	Annual	Monthly
Myself alone	<input type="checkbox"/> \$ 94.44	<input type="checkbox"/> \$ 8.00	Myself alone	<input type="checkbox"/> \$141.60	<input type="checkbox"/> \$ 11.99
Myself & one dependent	<input type="checkbox"/> \$186.00	<input type="checkbox"/> \$ 15.75	Myself & one dependent	<input type="checkbox"/> \$265.68	<input type="checkbox"/> \$ 22.50
Myself & my family	<input type="checkbox"/> \$271.68	<input type="checkbox"/> \$ 23.00	Myself & my family	<input type="checkbox"/> \$389.76	<input type="checkbox"/> \$ 33.00
Add the application fee (*non-refundable/1-time fee)	\$ 20.00*	\$ 20.00*	Add the application fee (*non-refundable/1-time fee)	\$ 20.00*	\$ 20.00*
TOTAL AMOUNT DUE:	\$	\$	TOTAL AMOUNT DUE:	\$	\$

Credit Card Information

Please charge my (check one)
 Visa MasterCard Discover American Express

Credit Card No: _____

Expiration date: _____

Authorization/
Signature: _____ Date: _____

Banking Information – Please debit my (check one)
 Checking account (include a voided check)
 Savings account (include a voided deposit slip)

I hereby authorize SafeGuard to debit the designated prepayment fee each month from the bank account indicated above. I understand that the amount of my monthly prepayment fee will be deducted from my account and that there will be a \$15 service charge for any returned drafts.

Authorization/
Signature: _____ Date: _____

Use and Disclosure of Personal Health Information:

Agreement - I understand that any dispute or controversy which may arise between myself and SafeGuard Health Plans, Inc., may be submitted to binding arbitration in lieu of a jury or court trial. This may not apply in all states.

Authorization to release dental/vision records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental/vision records which pertain to me or any member of my family, maintained by my chosen selected provider and/or specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental/vision treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

**Mall to: SafeGuard Health Plans, Inc.
 Individual Billing
 PO Box 8095
 Laguna Hills, CA 92655-8095**

I understand that the initial term of the Contract is for one year.

Signature: _____ Date: _____

EFFECTIVE DATES OF COVERAGE

The date your SafeGuard dental & vision coverage becomes effective is based on when we receive your application and payment. If you have questions after reviewing the following, please contact us at 800.936.0324.

ANNUALLY BY CHECK OR CREDIT CARD: If your application and payment is received by the 20th of the month, you will be able to use your benefits on the first day of the following month. (e.g. received by March 20, your benefits will be effective April 1. After the 20th of March your benefits will be effective May 1.)

MONTHLY BANK DRAFT: If your application and payment is received by the 10th of the month, you will be able to use your benefits on the first day of the following month. (e.g. received by March 10, your benefits will be effective April 1. After the 10th of March, your benefits will be effective May 1.)

MONTHLY CREDIT CARD DRAFT: If your application and payment is received by the 20th of the month, you will be able to use your benefits on the first day of the following month. (e.g. received by March 20, your benefits will be effective April 1. After the 20th of March, your benefits will be effective May 1.)