SafeGuard Individual & Family Enrollment Application - Florida

Please print clearly when completing this Enrollment Form and return it to SafeGuard. Choose two general dental offices (facilities) for each eligible family member from the SafeGuard Directory of Participating Dentists or the online directory (www.safeguard.net). Failure to do so may result in delays in receiving dental care. (If your first provider facility selection is not available, SafeGuard will process your second selection.)

Agent: **9762**

Last Name:	First Name:	M.I.:	Social Security Number:

Home Address:	City (Complete Name):	State:	Zip Code:

Sex: ❑ Male ❑ Female	Date of Birth: Month Day Year	Day Time Phone: ( )	Email Address:

Plan Selected:	Primary Language:	Please note any communication impairment

Must be completed to enroll in plan:	**Facility Number 1st Choice**	**Facility Number 2nd Choice**

Dependent Information (Attach a separate sheet for additional dependents)

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

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

Further explanation of your payment choices is included on the reverse side of this form.

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

Credit Card/Check Information

❑ Check made payable to SafeGuard Health Plans, Inc.

❑ Please charge my: ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Credit or Debit Card Number | Expiration Date

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Name as it appears on credit or debit card: _____

Signature: _____

Date: ___/ ___ / ___

Banking Information

By Automatic Bank Account Draft (Deductions on or about the 15th of each month.)

Check the box next to the coverage level you require & the account you wish to use. Submit a check for the total monthly amount along with a voided check or deposit slip.

❑ Checking Account (include a voided check)

❑ Savings Account (include a voided deposit slip)

I hereby authorize SafeGuard Health Plans, Inc. 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.

Signature: _____ Date: ___ / ___ / ___

***An initial $20 enrollment fee is paid with each application.**

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 records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental 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 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Mail this application to:

All Aboard Benefits
6162 E. Mockingbird Ln. Ste. 104
Dallas,TX 75214
FAX: 214.821.6676
1.800.462.2322

SafeGuard Health Plans, Inc.

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

Signature:	Date:

Convenient Payment Options

Please read the following and choose the payment option that is best for you:

- **Annual payment - By Check or by Credit Card**

  If you choose to pay by **Check**, complete the application and mail it to SafeGuard along with your check for the annual prepayment fee plus the $20 enrollment fee. Please make your check payable to SafeGuard Health Plans, Inc.

  Or

  If you choose to pay by **Credit Card**, the annual prepayment fee plus the $20 enrollment fee will be charged to your selected credit card account. Complete the application form being sure to provide the credit card to be used, the number, expiration date and name as it appears on the card. Mail your completed application form to SafeGuard.

- **Monthly payment - By Automatic Draft from a Bank Account or Automatic Payment using a Credit Card**

  If you choose **Automatic Draft from a Bank Account,** complete the application form selecting Automatic Bank Draft as your method of payment, include a voided check or deposit slip, along with the first month's prepayment fee plus the $20 enrollment fee and mail to SafeGuard. Monthly prepayment fees will thereafter be drawn automatically from your bank account on or about the 15th of the month for the next month's coverage.

  Or

  If you choose **Automatic Payment using a Credit Card,** complete the application form selection Automatic Payment using a Credit Card as your payment method. Complete the application form being sure to provide the credit card to be used, the number and expiration date, and the name as it appears on the card. The first month's prepayment fee plus the $20 enrollment fee will be charged initially, thereafter the monthly prepayment fee will be charged to your selected account automatically on our about the 25th of the month for the next months coverage. Mail your completed application form to SafeGuard.

IMPORTANT INFORMATION: When SafeGuard receives completed applications with the appropriate premium and enrollment fee by the 20th of the month, coverage effective dates will be the 1st of the following month.