OAHU ENROLLMENT FORM

❑ **NEW ENROLLMENT** ❑ **RENEWAL ENROLLMENT**

APPLICANT INFORMATION

Last Name	First Name	Birthdate (month/day/year)	Phone Number	Sex (M/F)

Mailing/Billing Address	City	State	Zip Code	Email Address

DEPENDANT INFORMATION

Last Name	First Name	Birthdate (month/day/year)	Sex (M/F)
Spouse			
Child			
Child			

PLAN SELECTION (Total includes 4.712% tax)

1 YEAR NEW MEMBERSHIP				1 YEAR RENEWAL MEMBERSHIP			
	❑ **Individual**	❑ **Family of 2**	❑ **Family of 3+**		❑ **Individual**	❑ **Family of 2**	❑ **Family of 3+**
	$199.00+tax	$289.00+tax	$349.00+tax		$139.00+tax	$219.00+tax	$275.00+tax
Total	**$208.38**	**$302.62**	**$365.44**	**Total**	**$145.55**	**$229.32**	**$287.96**

PAYMENT INFORMATION

❑ Cash

❑ Check: Payable to "Hawaii Family Dental Centers"

❑ Financed though_____

❑ Visa ❑ MasterCard ❑ Amex ❑ Discover Card

Card Number_____

CVV (Security Code)_____ Expiration Date_____

Card Holder Name if different than Applicant_____

Card Holder Signature_____Date _____

TERMS AND CONDITIONS

CONDITIONS OF ENROLLMENT: As a Ho'āla member, I hereby agree: (a) that the Ho'āla Dental Plan is not an insurance policy; it is an agreement for the provision of dental services with Hawaii Family Dental at a discounted price; (b) that the discounted fees provided by the Ho'āla Dental Plan are only for services provided by Hawaii Family Dental; (c) to pay the out-of-pocket costs at the time the services are received; (d) membership is 12 months and there are no refunds given for cancellations; (e) benefits will begin upon receipt of form and payment.

Policy period is for annual coverage and commitment; Policy will automatically renew on the 5th day of the 13th month of your subscription. To cancel your auto-renewal, call us at 808-523-3111 at least 30 days before your membership renews.

❑ I wish to opt out of automatic renewal.

Signature of Applicant_____Date _____

To be filled up by HFD Employee

Enrolling Employee:_____ Date:_____ Center:_____

Membership begins (1st day of enrolling month):_____Total Payment :_____