



MAUI & KAUAI

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	Middle Initial	Sex (M/F)	Birthdate (month/day/year)
Spouse				
Child				
Child				

PLAN SELECTION		
NEW (Price includes Sales Tax of 4.166%)	RENEWAL (Price includes Sales Tax of 4.166%)	

Yearly	<input type="checkbox"/> Individual \$208.38/year	<input type="checkbox"/> Family of 2 \$302.62/year	<input type="checkbox"/> Family of 3+ \$365.44/year	Yearly	<input type="checkbox"/> Individual \$145.55/year	<input type="checkbox"/> Family of 2 \$229.32/year	<input type="checkbox"/> Family of 3+ \$287.96/year
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Renew Online at HoalaDental.com. Enter Renewal Codes: HOALA181 HOALA282 HOALA95

PAYMENT INFORMATION

Check: FOR ANNUAL PAYMENTS ONLY
Payable to Hawaii Family Dental Centers

Visa MasterCard Amex Discover Card

Signature _____ Date _____ CVV (Security Code) _____ Expiration Date _____

Card Holder Name _____
Card Number _____

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.

Signature of Applicant _____ Date _____

For Office Use

Enrolling Employee _____ Date _____ Center _____

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