



NEW ENROLLMENT RENEWAL ENROLLMENT

APPLICANT INFORMATION

Last Name _____ First Name _____ Birthdate (month/day/year) _____ Phone Number _____ Sex (M/F) _____
Mailing 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 (Includes 4.712% Sales Tax)

NEW **RENEWAL**

Yearly Individual Family of 2 Family of 3+ Yearly Individual Family of 2 Family of 3+
\$208.38/year \$302.62/year \$365.44/year \$145.55/year \$229.32/year \$287.96/year

Renew Online at HoalaDental.com with Renewal Codes: Individual Family of 2 Family of 3+
HOALA181 HOALA282 HOALA95

PAYMENT INFORMATION

Check (Annual payments only) Card Holder Name _____
Payable to Hawaii Family Dental Centers
 Visa MasterCard Amex Discover Card Card Number _____
Signature _____ Date _____ CVV (Security Code) _____ Expiration Date _____

TERMS AND CONDITIONS

CONDITIONS OF ENROLLMENT: As a Ho'ala member, I hereby agree: (a) that the Ho'ala 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'ala 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.

Applicant Signature _____ Date _____

For Office Use

Enrolling Employee _____ Date _____ Center _____

If patients asks for a future effective date, membership begins on: _____