



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

PAYMENT INFORMATION

Check (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; (f) benefits will begin upon receipt of form and payment.

Your membership will automatically renew on your renewal date. To cancel your auto-renewal, call (808) 523-3111 at least 30 days before your membership renews. I wish to opt out of automatic renewal.

Applicant Signature _____ Date _____

For Office Use

Enrolling Employee _____ Date _____ Center _____

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