

Please List All Unmarried Children Up to Age 20

Fill out and send this form in today to start saving!

1. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____/____/____
2. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____/____/____
3. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____/____/____
4. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____/____/____
5. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth ____/____/____

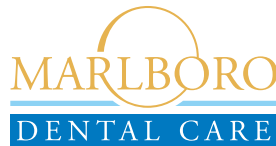
Please Fill Out & Send This Form in Today to Start Saving!

First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Home Address _____

 City _____ State _____ Zip _____
 Phone _____
 E-mail _____
 Date of Birth ____/____/____ S.S.# ____-____-____
 Spouse First Name _____
 Last Name _____
 Middle Initial _____ Female / Male
 Date of Birth ____/____/____ S.S.# ____-____-____
 Enrollment Period _____ to _____
 Signature (member and spouse)
 _____ date _____
 _____ date _____

Mastercard / Visa / Discover / American Express
 Card Number _____
 Expiration Date _____

Make check payable to **Marlboro Dental Care,**
 65 Fremont Street, Marlboro, MA 01752



Low-Cost Dental Plans

Individual ~ \$299/year • Individual and Spouse ~ \$449/year

Family Plan ~ \$599/year (Two adults and two kids) • Additional Child in Family ~ \$100/year

Patients agree that Marlboro Dental Care fees stated must be paid at the time services are rendered. Any service not paid at the time of service will be billed at usual & customary fees. Plan fees are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product. This is a discount dental plan.