

**SMILE PLAN FOR SMALL BUSINESS
APPLICATION FORM**

PLEASE PRINT IN INK OR TYPE

Business Name: _____

Business Address: _____

Business Contact Name: _____

Business Contact Phone: _____

Number of employees you are enrolling

	Number enrolled		Premiums
Member Only:	_____	X\$5.00	_____
Member and up to 3 Dependents:	_____	X\$10.00	_____
Additional Dependents:	_____	X\$5.00	_____
Total Monthly Premiums:			_____

For each employee you wish to enroll, including yourself, please complete the attached form and submit with application.

I hereby enroll in the Business Smile plan offered by Javan Dental Inc. DBA Eagle Valley Dental. I have read and understand the conditions and exclusions of the program as described by the Membership Agreement. I understand that the discount program I applied for shall become effective on the first day of the month after receipt and approval of my enrollment form and first premium payment.

Name: _____

Title: _____

Signature: _____

Date: _____

Please copy and complete the following form for all employees you are enrolling in the Smile Plan program.

	Last Name	First Name	SSN	DOB
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____

Please copy and complete the following form for all employees you are enrolling in the Smile Plan program.

	Last Name	First Name	SSN	DOB
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Employee	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____