



110 S State Street - Annawan, IL – 309.

www.countrywidesmiles.com

Enrollment Application for In-Office Discount Dental Plan

Name: _____
 Last M First

Address: _____
 Street

 City State Zip

DOB: _____
 SSN _____

Phone: Home: _____
 Cell: _____
 Work: _____
 Email: _____

Enrollment Fee

	Effective Date:		Renewal Date:
Member	\$200		\$
Spouse/Domestic Partner	\$200		\$
Dependents	\$100		\$
		Total	\$

I, _____, do hereby understand the policies and limitations of Countrywide Smiles In-Office Discount Dental Plan.