



# THE DENTAL NETWORK

"Plans to Make You Smile - Now and Into the Future"

Suite 200, 7400 York Road  
Towson, Maryland 21204

Phone: (410) 324-4133, Toll-Free (888) 339-4558

Fax: (410) 337-7950

Email: [sales@thedentalnet.org](mailto:sales@thedentalnet.org)

Website: [www.thedentalnet.org](http://www.thedentalnet.org)

## GROUP APPLICATION

PLEASE PRINT OR TYPE PLAN: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

1. Group Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Name Title

2. Eligibility Requirements: To be eligible, employees must have been employed with the Group for at least ( ) months and work a minimum of ( ) hours per week.

3. Total Number of Eligible Employees: \_\_\_\_\_ Total Enrolled: \_\_\_\_\_

	NUMBER	RATE	TOTALS
Covered Employee Only		\$	\$
Covered Employee and Child		\$	\$
Covered Employee and Spouse		\$	\$
Covered Employee and Family		\$	\$
<b>First Month's Remittance</b>			\$

4. Effective Date: \_\_\_\_\_, 20\_\_ (must be first day of the month)

This application is subject to all terms and conditions of the Group Dental Services Contract and approval of the PLAN.

\_\_\_\_\_  
WITNESS Authorized Officer/Agent of Applicant (SEAL)

Acknowledged: \_\_\_\_\_  
THE DENTAL NETWORK, INC.