



## REGISTRATION FORM

|                                 |   |                                   |        |            |            |           |  |
|---------------------------------|---|-----------------------------------|--------|------------|------------|-----------|--|
| Today's Date ____ / ____ / ____ |   | How did you hear about EDP? _____ |        |            |            |           |  |
| Last Name                       |   | First Name                        |        | M          | Home Phone |           | Marital Status   |
|                                 |   |                                   |        |            | ( )        |           | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Street Address                  |   |                                   | City   |            | State      |           | Zip Code   |
| Birth Date                      |   | Employer                          |        |            | Work Phone |           | Gender   |
| / /                             |   |                                   |        |            | ( )        |           | <input type="checkbox"/> M <input type="checkbox"/> F            |
| First Name                      | M | Last Name                         | D.o.B. | First Name | M          | Last Name | D.o.B.   |
|                                 |   |                                   |        |            |            |           |  |
|                                 |   |                                   |        |            |            |           |  |
|                                 |   |                                   |        |            |            |           |  |

**TYPE OF MEMBERSHIP (ANNUAL FEES)** Save money by selecting one of the multiple year options

|             |  |   |  |  |
|-------------|--|---|--|--|
| SINGLE PLAN | <input type="checkbox"/> 1 year \$99.00<br><i>*Plus \$19 Registration Fee**</i>  | <input type="checkbox"/> 2 years \$189.00<br><b>(save \$28)</b> | <input type="checkbox"/> 3 years \$249.00<br><b>(save \$67)</b>  | <input type="checkbox"/> 5 years \$349.00<br><b>(save \$165)</b> |
| COUPLE PLAN | <input type="checkbox"/> 1 year \$179.00<br><i>*Plus \$19 Registration Fee**</i> | <input type="checkbox"/> 2 years \$299.00<br><b>(save \$78)</b> | <input type="checkbox"/> 3 years \$429.00<br><b>(save \$127)</b> | <input type="checkbox"/> 5 years \$549.00<br><b>(save \$365)</b> |
| FAMILY PLAN | <input type="checkbox"/> 1 year \$199.00<br><i>*Plus \$19 Registration Fee**</i> | <input type="checkbox"/> 2 years \$369.00<br><b>(save \$48)</b> | <input type="checkbox"/> 3 years \$489.00<br><b>(save \$127)</b> | <input type="checkbox"/> 5 years \$599.00<br><b>(save \$415)</b> |

\*REGISTRATION FEE IS WAIVED ON ALL MULTIPLE YEAR PLANS\*

**Yes, enroll me in the EDPrx /Vision Plan:**  1yr \$30  2 yrs \$50  3 yrs \$70  5 yrs \$100 **(save \$50)**

MONEY ORDER  CHECK  MASTER CARD  VISA  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* THERE IS A ONE TIME NON REFUNDABLE REGISTRATION FEE OF \$19.00 ON ALL ONE YEAR PLANS

The above information is true to the best of my knowledge. I understand that EDP DENTAL PLAN is not Insurance, it is a discount dental plan. Coverage begins when the application is received and expires on the same day the following year. All plans are a 1 year minimum contract.

|                  |                         |     |
|------------------|-------------------------|-----|
| X _____          | DATE ____ / ____ / ____ |     |
| MEMBER SIGNATURE | EDP OFFICE USE ONLY:    | EXP |
|                  |                         |     |

**SEND REGISTRATION FORM TO:**  
 EDP DENTAL PLAN  
 1300 VETERANS HIGHWAY  
 SUITE 340, HAUPPAUGE NY 11788  
 PHONE 631-272-5230 FAX 631-272-5231

[www.EDPDENTAL.com](http://www.EDPDENTAL.com)