

### FOURSTAR FAMILY CHOICE DENTAL PLAN ENROLLMENT FORM

#### \*REQUIRED FIELDS

\* Last Name  \* First Name

Birthdate  Sex Male  Female  Social Security #

\*Home Telephone  Work Telephone

\*Home Street Address

\*City  \*State  \*Zip code

Dentist  \*E-mail Address

Spouse's Name

Dependents (child1)

Dependents (child2)

Dependents (child3)

Dependents (child4)

Dependents (child5)

Dependents (child6)

\*Amount to be deducted from credit card:

\*Credit Card Type

\*Name as it Appears on Credit Card

\*Credit Card Number  \*Expires