

DISCOUNT MEDICAL PLAN MEMBERSHIP APPLICATION

Please fill out entire application and print clearly for your membership in our discount dental, vision, and prescription plan.

Applicant's Information

First Name Middle Last Name

Social Security Number Date of Birth Male/Female Contact Phone Number Business Phone Number

Complete Mailing Address or PO Box Apartment Number

City State Zip Code Email Address

Employer How did you hear about us?

Please list only the household members you wish to enroll below

First, Middle and Last Name	Relationship	Male/ Female	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X _____
Signature Date

Sales Consultant _____

Please see reverse side for prices, payment and payment options

This discount program is NOT a health insurance policy or a Medicare prescription drug plan and does not make payments directly to medical service providers. The program provides discounts at participating providers for medical services. Members are obligated to pay for all medical services, but may receive discounts on medical services from participating providers and the discount range will vary depending on provider type and medical services received. The program does not meet the minimum creditable coverage requirements under Massachusetts G.L. c. 111M and 956 CMR 5.00 and is not a Qualified Health Plan under the Affordable Care Act. The discount medical plan organization is Avia Dental Plan, Inc., 2001 Main Street, Suite 403, Wheeling, WV 26003, 1-888-431-2273, cancellations@aviadental.com, www.aviadental.com.

