INDIVIDUAL DentalOne ENROLLMENT FORM

All answers must be complete and accurate. Omissions or incomplete answers require the return of your application and may result in delays.

Regence BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 91053
1800 Ninth Avenue
Seattle, WA 98111-9153

MAIL APPLICATION TO:
P.O. Box 1107
1602 21st Ave.
Lewiston, ID 83501

TYPE OF APPLICATION (Check One): ❐ New Application ❐ Adding Dependents	**PAYMENT TYPE:** ❐ Annually ❐ Semi-Annually ❐ Quarterly If you currently have a Regence BlueShield Individual medical plan, your method of payment will be the same as your medical plan.

SUBSCRIBER, LEGAL SPOUSE AND DEPENDENT INFORMATION
(Please provide Social Security numbers for yourself and all dependents over 1 year of age.)

Name (Last, First, Middle Initial)	Social Security Number	Sex	Birth Date	Relationship to Subscriber
				SUBSCRIBER

Home Address (Street, City, State, and ZIP)	
Billing Address (if different than home or mailing address)	P.O. Box (if applicable)
County	Home Telephone Number

(REGENCE BLUESHIELD OFFICE USE ONLY) Effective Date: Fee: Agent #

DENTAPP1

(CONTINUED ON REVERSE SIDE)

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED DENTAL INFORMATION

On behalf of ourselves and the family member(s) listed on the application, we authorize any physician, dentist, denturist, health care provider, hospital, insurance or reinsurance company, or other insurance information exchange to disclose to Regence BlueShield ("Regence") or its representatives our dental information. We acknowledge and understand that this information will only be used for the purpose of determining enrollment in the dental plan, eligibility for benefits, or payment of claims. Dental information may include claims records, correspondence, billing statements, diagnostic imaging reports, dental records, or hospital records (including nursing/hygienist records and progress reports).

APPLICATION AGREEMENT

I hereby apply for coverage under the individual dental Contract indicated on this form, offered through Regence BlueShield (the Company), an independent licensee of the Blue Cross and Blue Shield Association, and I agree with the terms of the Contract. I also apply for the same coverage for my spouse and/or my dependent children listed on this application. I certify that my listed dependents and I meet all the eligibility criteria set forth in the outlined benefits and/or the Individual DentalOne Plan Contract. I agree to pay in advance the appropriate rates for myself and listed dependents and authorize rate increases as the Company deems necessary. I understand I must receive care from a Willamette Dental Group participating dentist at one of the Willamette Dental Group offices (except dental emergencies and when referred by Willamette Dental Group) in order to receive the benefits of the Contract. I have provided these answers as part of the application procedure required by Regence BlueShield to enroll in coverage and I certify that all information completed on this form is true, correct, and complete. For the protection of all of our members, knowingly providing us with false, incomplete or misleading information may result in Regence BlueShield taking any action allowed by law or Contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties.

Applicant Signature*	Date	Applicant Spouse Signature	Date

*If signature by a personal representative of the member/enrollee please complete the following:

Personal Representative's Name: ____________________

Relationship to Individual: ❒ Parent ❒ Legal Guardian† ❒ Holder of Power of Attorney† (†Attach legal documentation if Legal Guardian or Holder of Power of Attorney)

AGENT INFORMATION (If application is being made through an agent, he/she must complete the following information.)

Agent Name	Firm or Agency
Agent Address	Agent Telephone Number

I certify I have verified that all persons applying for coverage are eligible. I further certify, to the best of my knowledge, the information on this application has been completed truthfully by the applicant(s).

Agent Signature	Date	Regence BlueShield Agent Number

Contact Person

If you have an agent, that agent may receive bonuses, commissions, administrative service fees, or other compensation, including non-cash compensation, from Regence BlueShield. Incentives may be based on any of several factors, including the products you buy, your agent's volume of business with Regence and the other services your agent provides to you. These incentives may have an indirect impact on your rates. For more information, please contact your agent.

9/06