


# GROUP DENTAL PROGRAMS

**DUTCHER INSURANCE  
AGENCY, INC.**  
Since 1970...  
Over 30 years of Quality Service  
Lic. CA #0561264 NV#16010

Underwritten by:  
SafeHealth Life  
Insurance Company  


## ENROLLMENT FORM

If the applicant is less than 18 years of age, application must be completed providing Social Security Number for child and signed by parent having custody or legal guardian.

<b>GROUP NO.</b>
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Name of Applicant	Last	First	Initial	Social Security Number	Requested Effective Date
Home Address of Applicant					County
City	State	Zip	Employer	Hire Date	Weekly Hours

RELATIONSHIP	NAME(S) OF PERSONS APPLYING	SEX	AGE	DATE OF BIRTH
Applicant				
Spouse				
Child				
Child				
Child				

Any Dependent Child ages 19-23 (19-25 if Texas resident) must be a full time student attending an accredited educational institution. Please provide the following information:

Educational Institution: \_\_\_\_\_ Number of Hours and/or Units: \_\_\_\_\_

I Declare that all statements on this card are complete and true and I understand that they are the basis on which coverage may be issued under the plan. I agree that any appropriate state court located in Stockton, California, shall have exclusive jurisdiction and venue for any case or controversy arising under or in connection with this Agreement. I agree to pay attorney fees or costs incurred in enforcing the terms of this Agreement.

Signed at (City/State): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>				
Effective Date	____/____/____	Plan Code	Area Fee	Transfer _____ PED _____