

### Subscriber Information

Name: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date:    /    /  
 City: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Dependents to be covered (if any)

Name	Birth Date	Relation (Spouse or Child)

### Method of Payment (Select One)

Monthly Credit Card:      Visa      MasterCard *Card Number*  
Exp. Date (mm/yy)

Or

Monthly Bank Draft:      Bank Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

### Certification and Agreement

The information contained in this application is true, complete and accurate. It is understood that the rates, terms, and conditions of any contract issued by Delta Dental of Tennessee shall be based on the information in this application. If any information or representation is not true, complete or accurate, Delta Dental of Tennessee may adjust the rates, terms or conditions and / or cancel any contract. You certify that you are applying for this policy in the State of Tennessee. This application shall become a part of the contract issued by Delta Dental of Tennessee. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of coverage.

Individual hereby agrees that if Delta Dental of Tennessee accepts this application and issues a signed contract, the Individual shall be bound by the terms and conditions of said contract. Individual agrees to pay the premiums defined in the contract in accordance with the terms of the contract. Individual also recognizes that this contract may only be modified by written document issued by Delta Dental of Tennessee as defined in the contract.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Referred by (if any): \_\_\_\_\_ Broker Name (if any): \_\_\_\_\_



**Mail this completed and signed application to:**

**Delta Dental of Tennessee**  
**Attn: Member Services**  
**240 Venture Circle**  
**Nashville, TN 37228**

### Benefits

Months Enrolled	1-12 Months		13-24 Months		25-36 Months		36+ Months	
	PPO	Non Par	PPO	Non Par	PPO	Non Par	PPO	Non Par
Diagnostic and Preventive	100%	80%	100%	80%	100%	80%	100%	80%
Sealants	50%	40%	80%	60%	80%	60%	80%	60%
Basic Services	50%	40%	80%	60%	80%	60%	80%	60%
Fillings	50%	40%	80%	60%	80%	60%	80%	60%
Bleaching/Whitening	25%	10%	50%	40%	50%	40%	50%	40%
Endodontics	25%	10%	50%	40%	50%	40%	50%	40%
Periodontics	25%	10%	50%	40%	50%	40%	50%	40%
Complex Oral Surgery	25%	10%	50%	40%	50%	40%	50%	40%
Major Restorative	25%	10%	50%	40%	50%	40%	50%	40%
Prosthodontics	25%	10%	50%	40%	50%	40%	50%	40%
Implants	25%	10%	50%	40%	50%	40%	50%	40%
Veneers	25%	10%	50%	40%	50%	40%	50%	40%
Orthodontics (all ages)	0%	0%	50%	40%	50%	40%	50%	40%
<i>Annual Maximum</i>	\$750		\$1,000		\$1,250		\$1,500	
<i>Orthodontics Lifetime Maximum</i>	\$0		\$1,000		\$1,000		\$1,000	
<i>Single/Family Deductible*</i>	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	

\*Deductible does not apply to in network diagnostic and preventive services.

Premium*	Monthly Premium	Monthly Billing Fee	Total Monthly Rate
Subscriber only	\$34.97	\$ 2.50	\$37.47
Subscriber + 1 dependent	\$68.85	\$ 2.50	\$71.35
Subscriber + 2 or more dependents	\$119.90	\$ 2.50	\$122.40

\*There is a one-time \$25 application fee

### Did You Know?

120 symptoms of diseases like cancer, diabetes, and stroke can be detected in a routine dental exam.

Learn more and find information about how you can protect your smile when you visit [www.DeltaDentalTn.com](http://www.DeltaDentalTn.com).