DentAfford USA+

ENROLLMENT FORM

(ALL FIELDS ARE REQUIRED)

YES! I WOULD LIKE TO ENROLL IN THE **DentAfford USA+** PROGRAM

HOW DID YOU HEAR ABOUT US? _____

NAME: _____ Check one: ☐ MALE ☐ FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____

DAYTIME PHONE: _____ EVENING PHONE: _____

E-MAIL:_____

CHOOSE YOUR METHOD OF PAYMENT (CHECK ONE BOX)

CHECK OR MONEY ORDER (MUST BE FOR ANNUAL AMOUNT):

PLEASE MAKE PAYABLE TO NBBI

(Please check one) ☐ SINGLE $ 129.40 ☐ HOUSEHOLD $165.40

THIS INCLUDES A NON-REFUNDABLE ONE TIME $10.00 ENROLLMENT FEE

CHARGE TO MY CREDIT CARD MONTHLY:

(Please check one) ☐ SINGLE $9.95 ☐ HOUSEHOLD $ 12.95

THERE IS A NON-REFUNDABLE ONE TIME $10.00 ENROLLMENT FEE THAT WILL ALSO BE INCLUDED IN YOUR FIRST CHARGE

National Benefit Builders, Inc. (NBBI) will charge your credit card each and every month in accordance with your selection above for as long as you are a member of the plan. This first monthly charge will include the non-refundable one time $10.00 enrollment fee.

THE CREDIT CARD I AM USING IS: ☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD NUMBER_____ EXP. DATE _____

SIGNED _____ DATE _____

PLEASE SEND THE COMPLETED FORM (AND CHECK) TO:

NATIONAL BENEFIT BUILDERS, INC.
248 COLUMBIA TURNPIKE
FLORHAM PARK, NJ 07932

IF YOU ARE PAYING BY CREDIT CARD YOU MAY FAX THIS FORM TO NBBI @ (973) 360-9501 INSTEAD

FOR QUESTIONS REGARDING THIS FORM CALL TOLL FREE (888) 311-6224

[LongTermConsumerCare]