



Employee Application/Waive Form

Group Name			Group Number	
Last Name	First Name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Home Address			Work Phone	
City	State	Zip	Home Phone	Any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No

Birth Date mm/dd/yy

List all of your eligible dependants below that you wish to register.

Last Name (if different)	First Name	Initial	Sex	Birth Date mm/dd/yy
Spouse				
Child				
Child				
Child				
Child				
Child				

Please select your desired package below (all applications subject to one-time \$3.95 application fee):

AetnaDentalAccess®/Rx	DenteMaxDental/Rx	Vision/Rx	AetnaDentalAccess®/Vision/Rx	DenteMax/Vision/Rx
<input type="checkbox"/> Individual \$8.95 <input type="checkbox"/> Family \$12.95	<input type="checkbox"/> Individual \$8.95 <input type="checkbox"/> Family \$12.95	<input type="checkbox"/> Individual \$4.95 <input type="checkbox"/> Family \$6.95	<input type="checkbox"/> Individual \$10.95 <input type="checkbox"/> Family \$14.95	<input type="checkbox"/> Individual \$10.95 <input type="checkbox"/> Family \$14.95

Plan Waiver: Plan benefits available to me and my dependents has been explained to me and I do not want to register at this time.
 I decline benefits for myself. I decline benefits for one or more dependents

Signature: _____ **Date:** _____

HealthStar Dental Plan Membership Agreement

When submitting the registration application, I understand and agree that:

- Member is defined as primary member, spouse, and all legal dependants. If a family plan is purchased, all legal dependants are automatically registered and no additional registration is required.
- At any time, a participating professional may be eliminated from the respective network in which they are associated.
- Companies providing benefits and discounts in this program are not a licensed insurer, health maintenance organization, or other underwriter of health services. No portion of any provider's fees will be reimbursed or otherwise paid.
- The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices from participating providers & subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this program. In such event, member will be charged the lowest price.
- Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discounted or modified at anytime. You will receive notice if the plan is discounted or materially modified.
- Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
- This program is a referral and discount plan and does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties, express or implied, concerning services or care provided.
- Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.
- This discount card program contains a 30 day cancellation period.** If you cancel for any reason within 30 days, you will receive a full refund of paid membership fees. Non-refundable one-time fees will be disclosed at the time of application. TN and AR residents: A refund of all fees will be issued if membership is canceled within the first 30 days.
- The Aetna discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.
- Plan not available in IL, FL, or VT
- Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd., Dallas, TX 75244

Signature of Employee _____ Date _____

Submit Application to:

Mail To: Solera Insurance, P.O. Box 632190, Littleton, CO 80163-2190 **Fax To:** 866-914-5429 **Email To:** Agent.Services@SoleraInsurance.com