

APPLICATION
NBC Discount Dental Program
Discount Medical Plan



Please complete this application and return:

www.nbcdental.com

1. Via Fax: (240) 283-3595 ... or ... 2. By Mail: NBC Discount Dental Program,
 111 Rockville Pike, Suite 950, Rockville MD, 20850

STEP ONE: PERSONAL INFORMATION

LAST NAME		FIRST NAME		DOB
STREET ADDRESS:			CITY, STATE, ZIP	
HOME PHONE:		WORK PHONE:		EMAIL ADDRESS:
OTHER HOUSEHOLD MEMBERS (IF INCLUDED):				
1. _____				
2. _____				
3. _____				
4. _____				

NOTE: To make changes or additions to your membership, please call Customer Care toll free at 1-866-498-7914.

PROGRAM OFFERING*:

DENTAL DISCOUNT PROGRAM \$69 ANNUAL
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*Membership can include up to 9 total persons residing at the same address or students in college.

STEP TWO: BILLING INFORMATION – *Processing will be delayed on applications received without a form of payment*

I will pay by:

Credit Card – Mark one: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Name as it appears on Card Name: _____ Card Number: _____ Exp. Date: _____ <input type="checkbox"/> Money Order* <input type="checkbox"/> Personal Check*
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* Please make check or money order payable to: GDS-MD.

Applicant's Signature: _____ **Date:** _____