Denta$aver Enrollment Form

Last Name | First Name | Initial | Date of Birth

Address | Phone # | E-Mail Address

City | State | Zip Code | Social Security #

Spouse (if included) | Date of Birth

Dependent (if included) | Date of Birth

Dependent (if included) | Date of Birth

Dependent (if included) | Date of Birth

Dependent (if included) | Date of Birth

Complete ONLY If List Bill or Payroll Deduction Through Employer

Employer/Company Name | Employer/Company Phone #

Denta$aver – Dental, Vision, Chiropractic, Nurse Hotline				
	Monthly/PAC	Quarterly/PAC	Semi-Annual	Annual
Single	$9.00	$27.00	$49.00	$90.00
Family	$18.00	$54.00	$98.00	$180.00

Add $15 One Time admin fee to initial payment. Monthly & Qt direct bill add $2.50 per billing period. Monthly direct bill requires 2 month's payment upon submission. Group List Bill available. Ask Representative for details.

Payment Option

☐ Check ☐ Credit Card ☐ Employer Sponsor

Payment Mode

☐ MPAC ☐ QPAC ☐ S/A ☐ ANN

(PAC Attach Void Check)

☐ Direct Mo ☐ Direct QT (Add $2.50 DIRECT)

Make Check Payable To:
Comprehensive Insurance Agency

_____ + _____ + $15.00 = _____

Chosen Rate | Direct Bill | One Time Fee | Initial Payment

I hereby request enrollment in the Denta$aver Plan and I authorize Comprehensive Insurance Agency, LLC (CIA) to charge my credit card for all future renewal premiums as they come due, or; I hereby request and authorize you to pay checks drawn on my account by CIA and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation, or; I authorize my employer to deduct from my earnings the required contribution, if applicable. This authorization shall remain in effect until CIA receives written notification from me revoking the authorization. I will notify CIA in writing of my wish to cancel the enrollment 30 days in advance.

Client Signature | Date

Credit Card Information

☐ VISA ☐ MC ☐ DISCOVER ☐ AMEX

Card Number | Expiration (Mo/Yr)

Name on Credit Card

Mark Erickson 50032

Agent Name | Agent #

Mail Application To: Comprehensive Insurance Agency – 3601 Algonquin Rd. Suite 850 – Rolling Meadows, IL 60008 OR FAX TO: 847-483-9485