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| **sparkle plan registration form** |  |

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|  | Surname |  |   |   |   |  |   | Phone Number |   |   |   |  |  |  |
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|  | First Name |  |   |   |   |  |   | Home Address |   |   |   |  |  |  |
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|  | Marital Status |  |   |   |   |  |   | Postal Address |   |   |   |  |  |  |
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|  | Contribution Amount |  |  |  |  |  |  | Gender |  |   |   |   |  |  |  |
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To select a plan, please tick a box below:

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| **SPARKLE PLAN 1** |  | **SPARKLE PLAN 2** |  | **SPARKLE PLAN 3** |  |

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| **add Dependants** |

Add dependents to be included in the plan and the type of cover

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| Full Name | D.O.B | Identification No. | Gender | Relationship | Cover Type |
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| **Terms and Conditions** |

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|  | This is a dental discount plan and is NOT dental insurance. |  |  |
|  | It CANNOT be combined with any other dental insurance. |  |  |
|  | This is an **annual plan with quarterly payments** and any service done outside the annual cover will be billed at usual and customary fees. |  |  |
|  | Delayed quarterly payments are accumulative. |  |  |
|  | It is good **ONLY** at Dazzling Dental Clinic and Medicare. Therefore, if you are referred to a specialist, they will NOT offer this discount. |  |  |
|  | Payment in full is due at time of service. |  |  |
|  | Cannot use with any other discounts or financing including Smart Savers Coupons. |  |  |
|  | Non-refundable. |  |  |
|  | No refunds will be given if patient chooses not to use their dental plan. |  |  |
|  | Plan is subject to change yearly. |  |  |
|  | Must remain plan participant entire duration of recommended treatment. |  |
|  | Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, car, disability, or workman’s comp type insurances are involved, this discounted plan cannot be used. |  |  |
|  | To cover crowns and bridges you have to be a plan member for 2 consecutive years without defaulting on quarterly payments. |  |  |
|  | This cover does not include orthodontic treatment and any other cosmetic procedures. |  |  |  |  |
|  | Only paid up and registered members will be allowed to use the cover. |  |  |

 I …………………………………………………………………………………… certify that the information provided is true and correct to the best knowledge and have clearly read, understood and accepted the terms of this agreement.

Signature …………………………………………………………. Date ………………………………………………………………

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| **Officials only** |

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| **Approval** |  |  |  |  |  |  |  |  |  |  |   |  |
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|   | **Name** |  | **Designation** | **Signature** |  | **Date** |  |   |  |
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