|  |  |
| --- | --- |
| **sparkle plan registration form** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Title |  |  |  |  |  |  | Date of Birth | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  | Phone Number | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | First Name |  |  |  |  |  |  | Home Address | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Marital Status |  |  |  |  |  |  | Postal Address | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Email address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Contribution Amount |  |  |  |  |  |  | Gender |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

To select a plan, please tick a box below:

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

|  |
| --- |
| **add Dependants** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | D.O.B | Identification No. | Gender | Relationship | Cover Type |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Terms and Conditions** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 ………………………………………………………………

|  |
| --- |
| **Officials only** |

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