



**Sign Up to Start Saving!  
Becoming a Member is Easy!**



1. Please enter your information and plan selections to get started.
2. Review your information and plan details.
3. Enter your payment information.
4. Return completed form to [inshore@pathianadministrators.com](mailto:inshore@pathianadministrators.com)
5. Upon approval, you will receive an email confirmation and your card will be mailed to you.

**Employee Application**  
All states (excluding VT, WA)

**Questions about enrollment?**  
**Please call Inshore Benefits at 1-800-801-2300 or Pathian Administrators at 1-800-786-6526.**

**1. EMPLOYER INFORMATION**

Employer Name:	Date of Hire:
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**2. MEMBER INFORMATION**

First Name:	Last Name:	
Social Security Number:		
Birth Date:	Gender:	
Address:	Apt/Suite/Unit:	
City:	State:	Zip:
Phone:	Cell Phone:	
Email (Required for Invoice):		

**3. ENROLLMENT INFORMATION**

FIRST NAME	LAST NAME	GENDER	RELATIONSHIP	DOB MM/DD/YYYY

**4. PLAN AND PAYMENT DETAILS**

Effective Date:

**6. PAYMENT OPTIONS**

1 Person	\$8.75
2 Persons	\$15.00
3+ Persons	\$16.50

**5. MEMBERSHIP SUMMARY**

Plan Name: AlphaUS POS Dental Plan
Selected Plan Amount: \$
Monthly Admin Fee: \$5.00
Total: \$

**Discount Vision & Prescription Drug Services Free!!!**  
Please Note: Plan includes a monthly admin fee of \$5.00.  
Plan requires automatic recurring payment (EFT) on the 3rd of each month.

**7. SIGNATURE**

I certify on behalf of my eligible family dependents and myself that the answers contained in this application are complete and accurate to the best of my knowledge. I am at least 18 years of age. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance carrier for the purpose of defrauding or attempting to defraud the carrier. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance carrier or agent of an insurance carrier who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance within the Department of Regulatory Agencies.

We understand that any dispute between us and AlphaUS, Warner Pacific, and/or Pathian must be resolved through binding arbitration if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court and not by lawsuit or court process, except as California providers for judicial review of arbitration proceedings.

<b>SIGNATURE OF PRIMARY MEMBER: (X)</b>	<b>DATE:</b>
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