

Sign Up to Start Saving!

Becoming a member is easy!

1. Enter Employer name and your date of hire
- 1a. Select your plan.
2. Enter your information.
3. Enter information for any dependents to be enrolled.
4. Sign application and return to your employer.

1. EMPLOYER INFORMATION	
Employer Name:	
Date of hire:	

1a. PLAN AND PAYMENT DETAILS	
Requested effective Date:	
PAYMENT OPTIONS	
1 Person	\$8.75
2 Persons	\$15.00
3+ Persons	\$16.50
MEMBERSHIP SUMMARY	
Plan Name: AlphaUS POS Dental Plan	
Selected Plan Amount: \$	

Discount Vision & Prescription Drug Services Free!!!

2. MEMBER INFORMATION	
First Name:	Last Name:
Social Security Number:	
Birth Date:	Gender:
Address:	
Apt/Suite/Unit:	City:
State:	Zip Code:
Phone:	Mobile Phone:
Email (Required for Invoice):	

3. ENROLLMENT INFORMATION				
First Name	Last Name	Gender	Relationship	DOB MM/DD/YYYY
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> DP	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Child	

4. 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.

Signature of Primary Member: (X)	Date:
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