

Member Change Request Form

Please complete the following information and mail to:
Dental Direct PO Box 168, Millbrook, NY 12545 • (888) 310-7808

dentaldirect
www.dentalplansdirect.com

*Member ID# _____

*Name
last _____ first _____ M.I. _____

*Address
street _____ city _____ state _____ zip _____

*Home Phone _____ Cell Phone _____

*E-mail Address _____

*Date of Birth _____ Gender _____ *Marital Status _____
mm/dd/yyyy

*Required Fields

Please check the type of change you would like to make

Change of Billing Information

Credit Card
Account Number _____ Expiration Date _____ Card Type _____

Billing Address
street _____
city _____ state _____ zip _____

Cardholder (if different)
First _____ Last _____
Signature _____ Date _____

Name Change

Old Name
last _____ first _____ relationship _____

New Name
last _____ first _____ relationship _____

Address Change

New Address
last _____ first _____
street _____
city _____ state _____ zip _____

Additional Member Information: You may register a maximum of 4 financially dependent family members living in your household with each family plan enrollment. To enroll more than 4 members, please contact Member Services (888) 310-7808.

Add a Member

Name _____
last first relationship DOB

Name _____
last first relationship DOB

Name _____
last first relationship DOB

Name _____
last first relationship DOB

Remove a Member

Name _____
last first relationship DOB

Name _____
last first relationship DOB

All changes to your type of plan and plan subscription must be completed on this form and will be verified by a member sales representative prior to any change made. **Please Note** - a plan change may be subject to an increase or decrease in your plan fee.

Plan Change

Existing Plan Individual Senior Family

Change plan to Individual Senior Family

Subscription Change

Existing Subscription Monthly Annual

Change Subscription to Monthly Annual

Signature & Acknowledgement: By signing, I acknowledge that I have read and understand the Legal Disclaimer Terms and Conditions pertaining to this Discount Membership Program.

Signature

Date