



# Stone and Johnson at Edinborough Dental

## Oral Health Plan

I understand that this program offered by Stone and Johnson at Edinborough Dental is not dental insurance, does not meet coverage requirements under any law and is not to be a Qualified Health Plan under the Affordable Care Act.

I have received a copy of the Oral Health Plan and have read and understand the terms and conditions, limitations and disclosures of the Plan.

I \_\_\_\_\_ am enrolling in the:

Print Name

- |       |  |            |
|-------|--|------------|
| _____ | Individual Plan                              | \$299/year |
| _____ | Individual + Spouse Plan                     | \$549/year |
| _____ | Family Plan (2 adults + 2 children under 18) | \$999/year |
| _____ | Each Additional Child under 18               | \$199/year |

I am also enrolling the following individuals in this plan:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Name

Date: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed: \_\_\_\_\_