



**INDIVIDUAL APPLICATION FORM FOR A DISCOUNT MEDICAL PLAN**

**Please complete this membership application and return via fax to 240-283-3595, or mail to GDS-MD, Attn: Dental Solutions, 111 Rockville Pike, Suite 950, Rockville, MD 20850.**

**STEP ONE: CONTACT INFORMATION**

LAST NAME		FIRST NAME		DOB
ADDRESS.			CITY, STATE, ZIP	
HOME PHONE	WORK PHONE		EMAIL ADDRESS	
OTHER HOUSEHOLD MEMBER (IF INCLUDED)				
1.		5.		
2.		6.		
3.		7.		
4.		8.		

Note: To make changes or additions to your plan, please contact Customer Service at 866-272-7515.

**STEP TWO: CIRCLE PLAN TYPE & BILLING\***

<u>MEMBER ONLY</u>	<u>ANNUAL</u>	<u>MEMBER+FAMILY</u>	<u>ANNUAL</u>
DENTAL	\$60.00	DENTAL	\$75.00
DENTAL & VISION	\$65.00	DENTAL & VISION	\$80.00

**\*A one-time processing fee of \$1.95 applies to all membership plans.**

**STEP THREE: BILLING INFORMATION—Processing will be delayed on applications received without a form of payment.**

I will pay by:

Credit card—Mark one:       Visa       Master Card

Name as it appears on card \_\_\_\_\_ Account# \_\_\_\_\_

Expiration date \_\_\_\_\_

Money order\*(Annual Enrollment)

Personal Check\* (Annual Enrollment)

**\*Please make Check or Money Order payable to GDS-MD**

Applicant's Signature:  X  \_\_\_\_\_ Date: \_\_\_\_\_

**Texas Municipal League**