



A Discount Dental Program Designed for Individuals Without Dental Insurance.

INDIVIDUAL ENROLLMENT FORM

APPLICANT INFORMATION PLEASE TYPE OR PRINT CLEARLY

Last Name First Name Middle Initial or Name
Mailing Address (number and street or p.o. box) City State Zip Code
Work Phone Home Phone

ENROLLMENT INFORMATION

Applicant Name (self) Sex (M/F) Birthdate (month/day/year) Social Security Number
Spouses' Name
Child's Name
Child's Name
Child's Name
Child's Name
Child's Name

CONDITIONS OF ENROLLMENT: As a Ho'ala member, I agree: (a) that the Ho'ala Program is not an insurance policy; it is an agreement for the provision of dental services on a pre-paid basis or at an otherwise discounted price; (b) that the benefits of this Program do not coordinate with any insurance plan; (c) to abide by the Individual Member Handbook and Fee Schedule published at the time of enrollment; (d) to pay the out-of-pocket costs at the time the services are received; (e) that there shall be no refunds given for any cancellation; and (f) that HFDC shall set the date on which my dental program enrollment shall begin.

Signature of Applicant Date

Total Membership Fee Paid Date Check #

White - HFDC Yellow - Applicant

