



ISLAND SMILES DISCOUNT PLAN

INDIVIDUAL & FAMILY ENROLLMENT FORM

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Employer: _____

ELIGIBLE DEPENDENTS

Last Name	First Name	Middle Initial	Relationship to Subscriber	Sex	Date of Birth

Yearly
Individual Plan [\$104.00 per year]
Couples / 2 Party Plan [\$130.00 per year]
Family Plan (3 or more) [\$156.00 per year]

RETURN THIS FORM TO PARADISE DENTAL
or email paradisedentalsaipan@gmail.com
or fax (670) 488-1044

Pricing does not include non-refundable one time administration fee of \$15.