

- *Fill out enrollment card with your union local number included.*
- *Fill out the payroll deduction form inside.*
- *Mail to:*

NAGE WEST COAST REGIONAL OFFICE  
 1819 Knoll Drive, Unit 7  
 Ventura, CA 93003

650-6983

(Detach Here)

Please Print



Dental Plan - Prepaid

Group No. \_\_\_\_\_  
 Contract Type \_\_\_\_\_  
 Effective Date \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(last) (first) (Middle)

Date of Birth: \_\_\_\_\_ Male  Female  Phone: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Street) (City) (State and Zip)

-Please list eligible dependents to be covered in addition to yourself-

Spouse: \_\_\_\_\_ Born: \_\_\_\_\_ Child: \_\_\_\_\_ Born: \_\_\_\_\_

Child: \_\_\_\_\_ Born: \_\_\_\_\_ Child: \_\_\_\_\_ Born: \_\_\_\_\_

I understand that my enrollment is for a period of one year. I am a member in good standing of NAGE \_\_\_\_\_

Please Indicate Dental Office choice: \_\_\_\_\_ Office Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_