



**Dental Plan Contract and Terms of Agreement**

**Members may choose from the following payment options to retain membership and take advantage of the DuPage Dental Plan.**

**Full- Year Membership terms: By paying the year in full, my coverage will be active for a full 12 months. At the end of 12 months, membership will become inactive unless I pay for another 12 months or choose another payment option to continue. I can pay by cash, check, or credit card. I understand and agree that this package is non-refundable.**

**Annual Fee:**

- Individual-----\$99
- Two+ members-----\$175

**Yearly Fees:**

- Individual-----\$197
- Two members-----\$353
- Three members-----\$521
- Four+ members-----\$629

**Monthly Membership terms: By paying monthly, my coverage will be active for a full 12 months, and payments will be deducted on a monthly basis. An annual fee will be charged at the time of sign up. At the end of 12 months, membership will automatically renew. I agree to have my credit card on file charged monthly for my premium payments. I understand and agree that this package is non-refundable.**

**Annual Fee:**

- Individual-----\$99
- Two+ members-----\$175

**Monthly Fees:**

- Individual-----\$18
- Two members-----\$31
- Three members-----\$45
- Four+ members-----\$54

**By checking the box above I hereby sign up for these terms of agreement as a Dental Plan member and agree to pay the amount agreed to and marked above.**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_