

# MetLife Discount Dental Program Application



Fax applications to (877) 335-7811 or mail to MetLife Discount Dental Program, P.O. Box 2568, Frisco, TX 75034-9998, Attention: Operations

## Step One: Contact Information

Last Name, First Name, Middle Initial

Address		City, State, ZIP	Home Phone
Work Phone		E-mail Address	Date of Birth
Spouse's Name (if included)		Date of Birth	
Children's Names (if included) / DOB	Children's Names (if included) / DOB	Children's Names (if included) / DOB	Children's Names (if included) / DOB

## Step Two: Select Billing Cycle and Fees

<b>Monthly Fee</b> Member Only <input type="checkbox"/> \$11.95    Member + 1 <input type="checkbox"/> \$19.20    Member + Family <input type="checkbox"/> \$22.80	<b>Annual Fee</b> Member Only <input type="checkbox"/> \$143.40    Member + 1 <input type="checkbox"/> \$230.40    Member + Family <input type="checkbox"/> \$273.60
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## Step Three: Billing Information — Processing will be delayed on applications received without a form of payment. Checks by mail are accepted only for an annual membership. Please choose a payment option:

Debit/Credit\* — Please mark one:     Visa     MasterCard     American Express     Discover  
\*I authorize MetLife Discount Dental Program to charge my account for initial and recurring membership fees.

Debit/Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
Name as it appears on card: \_\_\_\_\_

Automatic bank draft option\* — Please include a voided check with application.    Please mark one:     Savings     Checking  
\*I authorize MetLife Discount Dental Program to charge my account for initial and recurring membership fees.

Name of account holder: \_\_\_\_\_    Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_    Account Number: \_\_\_\_\_

Signature Required \_\_\_\_\_    Date \_\_\_\_\_

<b>For office use only</b>	Group Code    000000DDV	Agent Code	Mkt Code	Eff Date
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FORM 000000DDV  
Application

Tear this portion off and keep for your records.

### DESCRIPTION OF SERVICES:

Dental

### FEES:

<b>Monthly Fee</b> Member Only <input type="checkbox"/> \$11.95    Member + 1 <input type="checkbox"/> \$19.20    Member + Family <input type="checkbox"/> \$22.80	<b>Annual Fee</b> Member Only <input type="checkbox"/> \$143.40    Member + 1 <input type="checkbox"/> \$230.40    Member + Family <input type="checkbox"/> \$273.60
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## TERMS & CONDITIONS

**Renewal Conditions:** By joining a plan, you are authorizing MetLife to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify MetLife in writing of its cancellation. By joining you indicate you have read the terms and conditions of the plan. *This plan will automatically renew at the end of your membership term, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.* **Termination Conditions:** MetLife reserves the right to terminate plan members from its plan for any reason, including non-payment. If MetLife terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees. **Cancellation Conditions:** You have the right to cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less the processing fee, if applicable. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. MetLife will accept cancellation requests at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member ID to MetLife Discount Dental Program, P.O. Box 2568, Frisco, TX 75034-9998 or fax to (888) 335-7330. You may also submit cancellation requests by email: support@contactmetlife.com. When you cancel, you will continue to have access to the plan for the remainder of the period for which you have paid; your membership will terminate at the end of that period. **Description of Services:** Please see the enclosed materials for a specific description of the programs included in your plan. **Limitations, Exclusions & Exceptions:** This plan is a discount membership program offered by MetLife through Careington International Corp. ("Plan"). Plan is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Plan. Plan is not licensed to provide and does not provide health care services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time Plan may substitute a provider network at its sole discretion. Plan cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by the plan are solely responsible for the professional advice and treatment rendered to members and Plan disclaims any liability with respect to such matters. **Complaint Procedure:** If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: MetLife Discount Dental Program, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

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Application 12/19

## MetLife Discount Dental Program Features:

- Save 5% to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns
- 5% to 20% savings on orthodontics including braces and retainers for children and adults
- 5% to 20% reduction on specialist's fees. Specialties include: Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics and Prosthodontics where available
- Cosmetic dentistry such as bonding and veneers also included
- All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements
- You may visit any participating dentist on the plan and change providers at any time



## Disclosures:

**THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.** This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.metlifetakealongdental.com](http://www.metlifetakealongdental.com). A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

This plan is not available in Utah, Vermont or Washington.