

# Easy To Enroll!

- To enroll simply fill out an application.
- Everyone is eligible, however, dependents must meet dependent status. (Children up to 19 and full-time students up to 23 are eligible dependents.)

## Member Services

Have a question?

Call 1-800-290-0523 between 8:00 a.m. and 5:30

p.m. CST, Monday through Friday, and one of our friendly and professional Representatives will help you. Upon request, they will create a personalized listing of the Providers closest to you.

## Quality Assurance

Only The Best!

Our Providers go through an extensive credentialing process to ensure that you are receiving the highest quality dental care.

## Renewal Policy

Welcome Back!

The length of the dental plan is for a minimum of one year and automatically renews unless the Member notifies CAREINGTON in writing.

Mail completed application to:  
**Quality Benefits, Inc**  
**1203 Lake St, Suite 210**  
**Fort Worth, Texas 76102**

GET QUALITY DENTAL CARE AT  
 AFFORDABLE RATES!



HIGHLIGHTS OF THE DENTAL NETWORK  
 INCLUDES:

**Pre-existing Conditions Accepted**

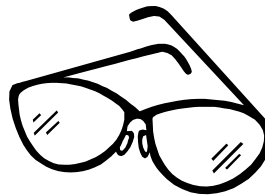
**No Claim Forms**

**No Deductibles**

**No Waiting Periods**

**Unlimited Use of the Plan**

**Routine Orthodontics Covered**



Vision Care  
 Coverage  
 Is  
 Included

### Only Six Steps!

Please complete the following application.

- SELECT COVERAGE
- FILL OUT YOUR NAME
- COMPLETE YOUR ADDRESS
- LIST COVERED DEPENDENTS ONLY
- CHOOSE PAYMENT METHOD
- SIGN AND MAIL WITH PAYMENT

I would like to cover (check one):

- Myself only \$6.95       Me and one dependent \$11.95       My whole family \$15.95

Name		Social Security Number			Spouse's Name	
Home Address (Incl. Apt. #)		City	St	Zip	Home Phone (incl. AC)	
List of Dependents to Cover	1. Name	Birthday ( / / )	2. Name	Birthday ( / / )	3. Name	Birthday ( / / )
	4. Name	Birthday ( / / )	5. Name	Birthday ( / / )	6. Name	Birthday ( / / )
<input type="checkbox"/> I want to pay <b>MONTHLY by BANK DRAFT</b> . I hereby authorize you to pay checks drawn on my account by CAREINGTON International, and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation. Enclose a voided check AND a check for first month's premium payable to CAREINGTON International.				Individual \$ 6.95 Individual + 1 \$ 11.95 Family Rate \$ 15.95	<b>1<sup>st</sup> Month</b> First Month BANK DRAFT Fee + \$15.00 one-time application fee	<b>TOTAL DUE</b> \$21.95 \$26.95 \$30.95
I want to pay by <b>CHECK or MONEY ORDER</b> payable to CAREINGTON International on a:				<b>Qrtly.</b> Individual \$ 20.85 Individual + 1 \$ 35.85 Family Rate \$ 47.85	<b>Annual</b> \$83.40 \$143.40 \$191.40	<b>Payment Calculation</b> To pay by Check or Credit Card: Take amount from table on left, and add one-time \$15.00 application fee.
<input type="checkbox"/> I want to pay by <b>CREDIT CARD</b> on a:			<input type="checkbox"/> Quarterly Basis <input type="checkbox"/> Annual Basis	Account Number		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			Name on Card		Exp. Date	
Subscriber's Signature X				Date		

I understand the terms and conditions of the plan and I hereby adopt the plan for a minimum of one year.

For QBI Use Only	Member No.	Group No. DEMQBI-	GA LIBIBZ	Agent MTEITZ	Effective Date
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