



Individual Application

Last Name		First Name		Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Home Address				Work Phone			
City		State		Zip		Home Phone	
Birth Date mm/dd/yy		Email Address				Solera Broker ID	
List all of your eligible dependants below that you wish to register.							
Last Name (if different)		First Name		Initial	Sex	Birth Date mm/dd/yy	
Spouse							
Child							
Child							
Child							
Child							
Child							

Please select your desired package and monthly or annual payment option:

	AetnaDentalAccess®/Rx	DenteMaxDental/Rx	Vision/Rx	AetnaDentalAccess®/Vision/Rx	DenteMax/Vision/Rx
Monthly	<input type="checkbox"/> Individual \$8.95 <input type="checkbox"/> Family \$12.95	<input type="checkbox"/> Individual \$8.95 <input type="checkbox"/> Family \$12.95	<input type="checkbox"/> Individual \$4.95 <input type="checkbox"/> Family \$6.95	<input type="checkbox"/> Individual \$10.95 <input type="checkbox"/> Family \$14.95	<input type="checkbox"/> Individual \$10.95 <input type="checkbox"/> Family \$14.95
Annual	<input type="checkbox"/> Individual \$99.95 <input type="checkbox"/> Family \$139.95	<input type="checkbox"/> Individual \$99.95 <input type="checkbox"/> Family \$139.95	<input type="checkbox"/> Individual \$49.95 <input type="checkbox"/> Family \$69.95	<input type="checkbox"/> Individual \$119.95 <input type="checkbox"/> Family \$159.95	<input type="checkbox"/> Individual \$119.95 <input type="checkbox"/> Family \$159.95

****All applications are subject to a one-time \$3.95 registration fee. Benefits begin the first of the following month.****

Credit Card Information:

Credit Card Number: _____	CVC #: _____
Expiration Date: _____	Signature: _____
MC, Visa, & Discover	
Credit Card statement will show Solera Insurance as the payee	

HealthStar Dental Plan Membership Agreement

When submitting the registration application, I understand and agree that:

- Member is defined as primary member, spouse, and all legal dependants. If a family plan is purchased, all legal dependants are automatically registered and no additional registration is required.
- At any time, a participating professional may be eliminated from the respective network in which they are associated.
- Companies providing benefits and discounts in this program are not a licensed insurer, health maintenance organization, or other underwriter of health services. No portion of any provider's fees will be reimbursed or otherwise paid.
- The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices from participating providers & subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this program. In such event, member will be charged the lowest price.
- Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discounted or modified at anytime. You will receive notice if the plan is discounted or materially modified.
- Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
- This program is a referral and discount plan and does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties, express or implied, concerning services or care provided.
- Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.
- This plan is NOT insurance. This discount card program contains a 30 day cancellation period.** If you cancel for any reason within 30 days, you will receive a full refund of paid membership fees. Non-refundable one-time fees will be disclosed at the time of application. TN and AR residents: A refund of all fees will be issued if membership is canceled within the first 30 days.
- The Aetna discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.
- Plan not available in IL, KS, or VT
- Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd., Dallas, TX 75244

Signature of Applicant

Date

Submit Application:

Mail To: Solera Insurance, P.O. Box 632190, Littleton, CO 80163-2190

Fax To: 866-914-5429

Email To: Agent.Services@SoleraInsurance.com

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