

Safeguard Application Instructions

1. Print in pen and make sure the application is clear and readable. If you are enrolling family members, make sure their information is entered as well.
2. Select two (2) dental care providers from the Safeguard directory (they ask for a first and second choice). This directory can be found online at:

<http://directory.safeguard.net/sg4c.asp?pb=sg3&mnu=1> or [you can just click here](#).

Each enrolled family member may select a different dentist.

3. Make sure you indicate the Facility number (the number next to the dentist's name in the directory).
4. Check the payment method you have selected. There are a number of options:
 - a. You can pay annually by check or credit card. If you use a check, make sure to include the one-time only \$20 application fee.
 - b. You can also pay monthly by automatic bank draft or credit card draft. If you use bank draft be sure to include a voided check or deposit slip. Remember to sign the banking information portion of the form.
5. Calculate the payment based on the payment method you choose. Enter that amount in the "Total Amount Due" space.
6. Read the "Use and Disclosure" statement and sign and date where indicated at the bottom of the form.

Mail the application to:

Safeguard Health Plans Inc.
Attn: Individual Billing
P.O. Box 8095
Laguna Hills, CA 92654-8095

Use and Disclosure of Personal Health Information:

Agreement - I understand that any dispute or controversy which may arise between myself and SafeGuard Health Plans, Inc., may be submitted to binding arbitration in lieu of a jury or court trial. This may not apply in all states.

Authorization to release dental records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen selected provider and/or specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard’s quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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SafeGuard Health Plans, Inc.

I understand that the initial term of the Contract is for one year.

Signature:	Date:
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Convenient Payment Options

Please read the following and choose the payment option that is best for you:

• **Annual payment - By Check or by Credit Card**

If you choose to pay by **Check**, complete the application and mail it to SafeGuard along with your check for the annual prepayment fee plus the \$20 enrollment fee. Please make your check payable to SafeGuard Health Plans, Inc.

Or

If you choose to pay by **Credit Card**, the annual prepayment fee plus the \$20 enrollment fee will be charged to your selected credit card account. Complete the application form being sure to provide the credit card to be used, the number, expiration date and name as it appears on the card. Mail your completed application form to SafeGuard.

• **Monthly payment - By Automatic Draft from a Bank Account or Automatic Payment using a Credit Card**

If you choose **Automatic Draft from a Bank Account**, complete the application form selecting Automatic Bank Draft as your method of payment, include a voided check or deposit slip, along with the first month’s prepayment fee plus the \$20 enrollment fee and mail to SafeGuard. Monthly prepayment fees will thereafter be drawn automatically from your bank account on or about the 15th of the month for the next month’s coverage.

Or

If you choose **Automatic Payment using a Credit Card**, complete the application form selection Automatic Payment using a Credit Card as your payment method. Complete the application form being sure to provide the credit card to be used, the number and expiration date, and the name as it appears on the card. The first month’s prepayment fee plus the \$20 enrollment fee will be charged initially, thereafter the monthly prepayment fee will be charged to your selected account automatically on or about the 25th of the month for the next months coverage. Mail your completed application form to SafeGuard.

IMPORTANT INFORMATION: When SafeGuard receives completed applications with the appropriate premium and enrollment fee by the 20th of the month, coverage effective dates will be the 1st of the following month.