

TERMS AND CONDITIONS

1. All statements and answers in this application are representations made by the member on behalf of himself/herself and other persons named in the application, if any, to induce the insurance of the dental contract applied for.
2. The Applicant, on behalf of himself/herself and other persons named in the application, if any, consents, authorizes and directs any physician, dentist, consultant, hospital or other person or corporation by whom or in which any diagnosis, medical, surgical or dental treatment or advice is being, shall be or shall have been rendered to furnish and make available to Care-Plus Dental Plans, Inc., all such medical, surgical and dental reports, records and other information as they may request, at no cost to them.
3. The contract applied for will become effective only upon the acceptance of this application by Care-Plus Dental Plans, Inc. to be evidenced by the insurance of Identification Card(s) which will be delivered to the Group or to the Member designated herein as the Applicant.
4. The member authorizes the Group as his remitting agent to deduct from his wages or salary a sufficient amount to provide for the regular and timely prepayment of the prevailing subscription fees that are not otherwise contributed for the contract applied for, and to remit the same for him and on his behalf to Care-Plus Dental Plans, Inc. as specified in the agreement between Care-Plus Dental Plans, Inc. and the Group.