AMERICAN ACADEMY OF PEDIATRICS GROUP INSURANCE TRUST
DENTAL PLAN ELECTION
CURRENT RATES EFFECTIVE JULY 2006

Please complete and return this form. Your coverage will begin after the first of the month, following receipt. Send no money now. You will be billed when the policy is issued.

Semi-annual Rating Plan Options:
The rates listed below are monthly premiums, but you will be billed on a semi-annual basis. Please check the box next to the rating option and plan that you wish to enroll in.

Rating Options:

	Low Plan	High Plan
Option 1: Member	❑ $24.28	❑ $36.16
Option 2: Member and One Dependent	❑ $45.60	❑ $67.68
Option 3: Member and Two or More Dependents	❑ $71.08	❑ $104.76

* These rates are effective July 1, 2006.

MEMBER/EMPLOYEE INFORMATION

Member/Employee Name_____

Member/Employee Address _____

Member/Employee Date of Birth _____

City, State, ZIP Code_____

Telephone_____ Social Security No. _____

Dependent Coverage Information. List all eligible dependents to be enrolled.

Dependent Name	Date of Birth	Social Security No.

_____
Member's Signature Date

Mail, email or fax the application to: **Pediatrics Insurance Consultants, Inc.**
300 S. Wacker Drive, Suite 2800
Chicago, IL 60060-6703
FAX: 312-419-8670
Email: info@aapinsurance.com