

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:

	<u>Low Plan</u>	<u>High Plan</u>
Option 1: Member	<input type="checkbox"/> \$24.28	<input type="checkbox"/> \$36.16
Option 2: Member and One Dependent	<input type="checkbox"/> \$45.60	<input type="checkbox"/> \$67.68
Option 3: Member and Two or More Dependents	<input type="checkbox"/> \$71.08	<input type="checkbox"/> \$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 2000
Chicago, IL 60060-6736
FAX: 312-419-8670
Email: info@aapinsurance.com