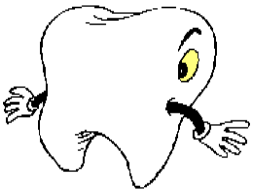

Savon Dental Plan Business Packages

Savon Dental Plan has a plan to fit any size business from the sole proprietor to large corporations. We are a voluntary participation plan so each employee has the option to participate or to opt out.

The chart below shows a breakdown of the membership fee for each tier. Each tier is based on the number of employees that voluntarily participate in the plan. All fees shown are annual fees for the employee and the employee's dependents. The business is billed by Savon Dental Plan for the annual renewal.

As a business member of Savon Dental Plan you will receive a significant savings off of our already low membership rates. as well as quality dental care, a fixed schedule of benefits and a large choice of dental providers.

Business Plan Pricing

Tier	# Of Employees	Single Plan Emp	Double Plan Emp + 1	Family Plan Emp + >1
1	1-4	$70.00	$80.00	$90.00
2	5-9	$60.00	$70.00	$80.00
3	10-49	$40.00	$50.00	$60.00
4	50-99	$30.00	$35.00	$40.00
5	100 +	$20.00	$20.00	$20.00

Group Application

Company Name:_____ **Person to Contact:** _____

Billing Address: _____ **City:**_____ **State:**_____ **Zip:**_____

Telephone Number: _____ **Number of employees covered:** _____ **Date of Application:** _____

[ ]Tier # _____ **Single Cost: $**_____ **x** _____ (# Employees) = $_____

[ ]Tier # _____ **Double Cost: $**_____ **x** _____ (# Employees) = $_____

[ ]Tier # _____ **Family Cost: $**_____ **x** _____ (# Employees) = $_____

Total Annual Membership Dues: $_____ **Amount enclosed with application: $**_____

Please accept my application for membership into the SAVON DENTAL PLAN. I understand that my coverage begins immediately upon Savon's receipt of this application and will continue for one (1) year from the date the application is received. Once accepted by the company this contract is non cancelable and non-refundable. I agree to stay on the plan for 12 consecutive months. Savon Dental Plan makes no guarantees written or implied except as stated herein. All fees are considered earned by Savon upon receipt of this application. A dependent must be under 18 living in the same houshold or full time student (18- 25).

[ ] Check #_____ **[ ] Credit Card: Visa MC Dis Amex**

_____

Sign Here

Make Check or Money order payable to:
Savon Dental Plan
P.O. Box 54277
Phoenix, Arizona 85078-4277

FOR CREDIT CARD PURCHASES ONLY

Credit Card #_____-_____-_____-_____

Expires on (mm/yy)_____ **CCV #**_____

Signature:_____

For Office Use Only

Please list employees on the reverse side

Employee Participation Form ----For more than 5 employees, please copy this from prior to using.

Name of Employee:_________________________________ **Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**______

Home Address:____**City:**__________________**State:**_________**Zip Code:**__________

Home Telephone: (____)________-_______________Martial Status:[] Single [] Married [] Divorced [] Widowed

Spouse/Partner:___________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Name of Employee:_________________________________ **Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**______

Home Address:____**City:**__________________**State:**_________**Zip Code:**__________

Home Telephone: (____)________-_______________Martial Status:[] Single [] Married [] Divorced [] Widowed

Spouse/Partner:___________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Name of Employee:_________________________________ **Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**______

Home Address:____**City:**__________________**State:**_________**Zip Code:**__________

Home Telephone: (____)________-_______________Martial Status:[] Single [] Married [] Divorced [] Widowed

Spouse/Partner:___________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Name of Employee:_________________________________ **Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**______

Home Address:____**City:**__________________**State:**_________**Zip Code:**__________

Home Telephone: (____)________-_______________Martial Status:[] Single [] Married [] Divorced [] Widowed

Spouse/Partner:___________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Name of Employee:_________________________________ **Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**______

Home Address:____**City:**__________________**State:**_________**Zip Code:**__________

Home Telephone: (____)________-_______________Martial Status:[] Single [] Married [] Divorced [] Widowed

Spouse/Partner:___________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Dependent:_______________________________________**Age:**______**Birthdate:**____/_____/_____**Social Sec. #(last 4)**_________

Please use additional sheet if employee has more than 2 dependents