

UNITING SMALL BUSINESSES WITH LARGE GROUP BUYING POWER

National Association for Medical and Dental, A Non Profit Organization
NAFMD
 Administered by Healthcare National Inc.

Group Dental Benefits Form

Company: _____

Address: _____

City: _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Contact Person: _____

Owners Name: _____ **Owners Signature:** _____

Date: _____ **Total number of Employee's:** _____

NAME	STATUS	PRICE	NAME	STATUS	PRICE
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

One Time Enrollment fee per application \$ 55.00

SGX245 Individual (1) \$39.95 Individual + One (2) \$ 57.95 Individual + Family \$ 79.95

Bank Name _____ **Routing Number** _____ **Account Number** _____

Mail to : Agent Friendly Marketing PoBox 23207 Waco, Texas 76702

Fax : 1-254-741-6901

Agent : Kerry Smallwood #C1462