



Dental Care Plan Enrolment Form

Personal Information:

Full Name: _____ Gender _____

Address: _____

City: _____ State: _____ Pin Code: _____

Mobile/ Phone Number: _____ Email Address: _____

Aadhar No _____

(Enrolment will not be accepted without Adhar No) Attach Adhar Photocopy

Dental Care Plan Information:

Plan Enrolment Name: _____

No of Person Coverage: _____

Effective Date of Coverage: _____

Date of Enrolment: _____

Coverage Information:

Please select the coverage you would like:

- Individual Plan Coverage
- Family plan Coverage

Payment Information:

Please select the payment method you have done

- UPI
- Paytm
- Google Pay
- Phone Pe/BHIM

Payment Id No _____

Transaction Id No _____

Attach screenshot of the payment done _____

Payment Amount: INR _____

Authorization:

I hereby authorize the release of any information necessary to process this dental care plan application.
I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____

Date: _____