

Vantage Point Dental Plans

Application Instructions

Step 1

Complete the application in blue or black ink. Please print all information legibly. Select a dental plan, complete your contact information and add your dependants.

Step 2 VANTAGE CARE / CO-PAYMENT PLAN ONLY

Select a dental office from the list of participating providers. This list can be found at vpdental.com. Put the "dental office code" in the box indicated. If you do not select a dental office one will be assigned to you. This dental office can be changed at any time by calling customer service.

Step 3

Select your payment method. If paying by checking or savings account please attach a voided check to the application in the space indicated. If paying by credit or debit card please fill in your card information and sign the account holder signature line.

Step 4

Choose the type of billing you want (monthly or annual) and complete the payment amount authorization. Sign and date the line at the bottom to accept your plan and authorize the payments for your plan.

Step 5

Send the completed application to:

Mail: DentalInsuranceUtah.net
1235 Stone Creek Lane
Layton, Utah 84041

Fax: (801) 444-7389

E-mail: mikeoliphant@dentalinsuranceutah.net

Phone: (801) 444-0843

Thank you for choosing





Vantage Point

DENTAL PLANS APPLICATION

Vantage Choice
Co-Insurance Plan
TDA PPO Network

Vantage Care
Co-Payment Plan
TC-4000 Network
Select a dental office from the list of participating providers

DENTAL OFFICE CODE

Vantage Access
Discount Plan Only
TDA PPO Network

Last Name _____ First Name _____ M.I. _____ Gender M F

Address _____ City _____

State _____ Zip Code _____ Birth Date (M/D/Y) _____ Social Security # _____

Phone (____) _____ Email _____ Employer & City _____

DEPENDANT NAME	SEX	BIRTHDATE	DEPENDANT NAME	SEX	BIRTHDATE
Spouse _____	_____	_____	Child _____	_____	_____
Child _____	_____	_____	Child _____	_____	_____
Child _____	_____	_____	Child _____	_____	_____
Child _____	_____	_____	Child _____	_____	_____

ATTACH A VOIDED CHECK IN THIS SPACE IF PAYING BY CHECKING OR SAVINGS ACCOUNT
IF SUBMITTING AN ANNUAL PREMIUM PAYMENT BY CHECK OR MONEY ORDER, MAKE PAYABLE TO "TDA"

PLAN PAYMENT RATES

VANTAGE CHOICE	
Subscriber	\$21.42
Subscriber + 1	\$40.71
Subscriber + 2	\$53.56
Subscriber + 3	\$66.42
Subscriber + 4	\$79.27
Subscriber + 5	\$92.13
Subscriber + 6	\$115.48
or more	

	VANTAGE CARE	
	Monthly	Annual
Single	\$16.35	\$180.00
Two Party	\$32.70	\$360.00
Family	\$53.10	\$584.00

	VANTAGE ACCESS	
	Monthly	Annual
Single	\$6.25	\$49.00
Two Party	\$8.25	\$73.50
Family	\$10.25	\$98.00

MAIL OR FAX APPLICATION TO

VANTAGE POINT BENEFITS
231 East 400 South, Suite 370
Salt Lake City, UT 84111
FAX 801-983-8009
CONTACT US
PHONE 801-363-9577
WEB vpdental.com

Please select one of the following payment methods

Include a \$10.00 one-time enrollment fee with your first payment

CHECKING OR SAVINGS ACCOUNT (ATTACH A VOIDED CHECK IN THE SPACE ABOVE)

Checking Savings Name of Bank or Credit Union _____

PLAN START DATE

1st day of _____

CREDIT OR DEBIT CARD

Visa MasterCard Discover American Express

Card # _____ Expiration Date _____

Account Holder Name _____

Account Holder Signature (X) _____ Date _____

I authorize Total Dental Administrators to debit my account Monthly Annual

Premium \$ _____ + \$10.00 = \$ _____ Draft Initial premium Yes

I WISH TO ENROLL IN THE PLAN I HAVE SELECTED. VANTAGE CARE APPLICANTS AGREE TO REMAIN ON THE PLAN FOR A MINIMUM OF ONE YEAR AND TO RECEIVE CARE FROM A PARTICIPATING PLAN PROVIDER.

Signature (X) _____ Date _____

AGENT USE ONLY

AGENT INFORMATION

Name _____

Phone _____

Agent # _____



By becoming a member of the Vantage Point Dental Plans I understand I will be automatically enrolled in the National Consumer's Advantage Association (NCAA) and will be entitled to all of the rights and privileges contained therein.

NCAA National Consumer's Advantage Association
16467 Chesterfield Airport Road, Chesterfield, MO 63017
American National Life Insurance Company of Texas