

**INSTRUCTIONS**  
**ENROLLING IN THE PPO DENTAL PLAN**  
**(Automatic Checking)**

1. The effective date of your Dental Plan coverage will always be the 1<sup>st</sup> day of the month. You must submit one month's premium (see #5), complete the Group Dental Plan Application (see #2), and the Authorization for Direct Monthly Payment. All completed forms and applications must be received by Total Dental Administrators, Inc. prior to the 15<sup>th</sup> day of the month. Coverage will begin on the 1<sup>st</sup> day of the month thereafter.
2. Complete the enclosed Companion Life Group Dental Application. Be sure to list your dependent names and birth dates if you are applying for family coverage.
3. Complete the Direct Monthly Payment Authorization below. Be sure to include a voided check.
4. Premium statements are run on the 15<sup>th</sup> of each month. ACH transactions are processed on the 20<sup>th</sup> of each month for the Grand Total Due. Any adjustments (adds, terms, changes) will appear on your next bill.
5. Make a check payable to Companion Life – for the first month's premium:

**Mail All Completed Forms And Applications To:**

Total Dental Administrators, Inc.  
PPO Premium Billing Dept.  
2111 E. Highland Avenue, Suite 250  
Phoenix, AZ 85016

Any Questions – Call Barb Kantor or Cathy Heeter at (602) 604-3131  
bkantor@totaldentaladmin.com or cheeter@totaldentaladmin.com

**DIRECT MONTHLY PAYMENT AUTHORIZATION FORM**

I (we) authorize the Company to initiate entries to debit my (our) account described below:

Checking Account # \_\_\_\_\_ or Savings Account # \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_ Routing # \_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (Optional for Joint Account)

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number