

# Dental and Vision for Everyone

## Dental Price Areas

### Premier/Price Areas

States	Zip Code	Area
Alabama	350-355, 359	2
	All Others	1
California	900-904, 915-918	7
	905	6
	956-958	4
	906-914, 919-927, 930-939, 949,	6
	952, 955, 959-961	6
	All Others	4
Delaware	All	2
District of Columbia	All	5
Florida	320-322	4
	330-334	5
	All Others	3
Georgia	300-303	2
	All Others	3
Louisiana	712	3
	707-711	2
	All Others	1
Maryland	207-212	4
	All Others	2
Mississippi	390-392	2
	All Others	1
Montana	590-591, 599	1
	All Others	2
Nevada	893-898	5
	All Others	4
New York	100-102	7
	103-114	6
	115-119	5
	120-129	4
	All Others	3
Pennsylvania	189, 193-194	4
	190-191	3
	All Others	2
Texas	754	4
	751-753	3
	756-757, 776-777	1
	All Others	2
Utah	All	5
West Virginia	255-257, 262-265	2
	All Others	1

### PPO/Price Areas

States	Zip Code	Area
Alabama	350-355, 359	3
	All Others	2
California	900-904, 915-918	7
	905	6
	956-958	4
	906-914, 919-927, 930-939, 949,	6
	952, 955, 959-961	6
	All Others	4
Delaware	All	4
District of Columbia	All	7
Florida	320-322	5
	330-334	4
	All Others	3
Georgia	300-303	2
	All Others	3
Louisiana	712	3
	707-711	2
	All Others	1
Maryland	207-212	5
	All Others	4
Mississippi	390-392	2
	All Others	1
Montana	590-591, 599	1
	All Others	2
Nevada	893-898	5
	All Others	4
New York	100-102	8
	103-114	7
	115-119	7
	120-129	5
	All Others	4
Pennsylvania	189, 193-194	6
	190-191	4
	All Others	3
Texas	754	4
	751-753	3
	756-757, 776-777	1
	All Others	2
Utah	All	5
West Virginia	255-257, 262-265	4
	All Others	3

FOR FASTEST PROCESSING, PAY WITH CREDIT CARD AND FAX TOLL FREE TO:

800-848-4201

IF PAYING BY CHECK - MAIL TO:

ALL PLAN MED QUOTE

P.O. BOX 8832

THE WOODLANDS, TX 77387-8832

### Benefits Association Enrollment Form: (Signature Required)

Social Security No.	Primary Enrollee: Last Name	First	Initial	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<p>"I hereby enroll in Benefits Association, Inc. To Purchase the insurance, you must first become a member of Benefits Association Inc. The BAI monthly membership fee is \$1.00 and is included in the monthly rates."</p> <p><b>Member Signature:</b></p> <p>_____</p> <p>Date _____</p>
Home Phone	Street	City		State	Zip	



## **INSTRUCTIONS FOR COMPLETION OF DELTA DENTAL & VISION APPLICATION**

1) COMPLETE IN BLACK INK - DO NOT USE WHITEOUT! IF YOU MAKE A MISTAKE, DRAW ONE LINE THROUGH YOUR ERROR AND INITIAL NEXT TO IT.

2) SIGN AND DATE THE APPLICATION IN BOTH LOCATIONS FOR MEMBER'S SIGNATURE.

3) IF YOU WOULD LIKE YOUR PREMIUM TO DRAFT FROM YOUR CHECKING ACCOUNT – PLEASE ENCLOSE A BLANK VOIDED CHECK FROM THE ACCOUNT ON WHICH THE PREMIUMS WILL BE DRAWN. IF PAYING BY CREDIT OR DEBIT CARD – PLEASE PROVIDE THE CARD INFORMATION.

4) IF PAYING BY CHECK – **MAKE CHECK PAYABLE TO MORGAN-WHITE MARKETING**

5) **QUESTIONS?** CALL TOLL FREE: **800-856-6556**; EMAIL: **QUOTE@ALLPLANINSURANCE.COM**  
TOLL FREE FAX: **800-848-4201**

9) FORWARD ALL OF THE ABOVE TO:

**ALL PLAN MED & LIFE QUOTE  
ATTN: DELTA DENTAL APPLICATION  
P.O. BOX 8832  
THE WOODLANDS, TX 77387-8832**