The M-DENT Dental Plan

Registration Form 2002-2003

(please print)

Have you ever been a patient at the School of Dentistry?

☐ Yes ☐ No

today's date

student's name: last first middle

LOCAL ADDRESS

street

city state zip code

phone number date of birth

alternate phone number

S–single M–married W–widowed D–divorce S–separated

Female / Male

social security number

U-M student I.D. number

E-mail address

college in which you are enrolled

year of graduation

PERMANENT ADDRESS

street

city state zip code

phone number

Undergraduate Student ☐ Graduate Student ☐

First time enroll ☐ Renewal ☐

Registration Form (continued)

I am also registering:

☐ second member (spouses or dependent) $ 150

name: last first middle

date of birth sex

social security number

☐ additional member (dependent) $ 150

name: last first middle

date of birth sex

social security number

☐ additional member (dependent) $ 150

name: last first middle

date of birth sex

social security number

Total $

Your student account will be billed for the above total.
DO NOT SEND A CHECK OR CASH WITH THIS REGISTRATION FORM