



Youth Dental Care Product

Liberty Dental Plan Youth Dental Care Product is for children from birth up to but including their 18 birthday. Applicants/Subscribers must be California residents and reside within our service area.

Applicant: Child To Be Covered

First Name:

Last Name:

Address:

State: ZIP:

Member #

Date of Birth:

Gender:

Dental Plan : Effective Date

Renewal: New Member

Parent/ Legal Guardian

First Name:

Last Name:

Address:

State: ZIP:

Relationship to Child:

Home Phone

Cell Phone

Email

Language

If Legal Guardian Please provide copy of court document of Legal Guardianship or Adoption

The Parent/Guardian is financially responsible for the premium payments. The parent/Legal Guardian of the above named child consents to the child receiving dental health benefits under the plan contract.

Signature

Print Name

Date of Signature

Liberty Dental Notes:

Date: