

# ENROLLMENT APPLICATION



- Hawley Office** (570) 226-8800  
2537 Route 6 • Hawley, PA 18428
- Honesdale Office** (570) 253-4245  
3025 Lake Ariel Hwy • Honesdale, PA 18431
- Scranton Office** (570) 342-8800  
400 Wyoming Ave, Suite 300 • Scranton, PA 18503
- Stroudsburg Office** (570) 421-1000  
1306 North 5<sup>th</sup> Street • Stroudsburg, PA 18360

**\*\*All fields are required**

Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name:	First Name:	Middle Initial:
Preferred Name:	Date of Birth: ____ / ____ / ____	Age:
	Please Circle one: Married   Single   Other	Please Circle one: Male   Female
Home Address:	City:	State:
		Zip Code:
Home Phone:		Mobile Phone:
Work Phone:	Email Address:	
Would you like to be enrolled in our email and text communication program? ___ Both Email & Text ___ Email Only ___ Text Only ___ No Thank You		

**Please list all eligible dependent(s) (spouse; children up to age 26) below that you would like to have included under your membership?**

First Name	Last Name	Date of Birth	Social Security	Relationship

**Preferred Location:** \_\_\_\_\_ Hawley | Honesdale | Scranton | Stroudsburg

If you have any questions regarding the plan please contact us via e-mail at [HDCPlan@horizontaldentalcares.com](mailto:HDCPlan@horizontaldentalcares.com) or by phone in Hawley (570) 226-8800, Honesdale (570) 253-4245, Scranton (570) 342-8800 or Stroudsburg (570) 421-1000.

After you enroll you will receive your membership card via mail. Please bring this card with you to your appointments to verify enrollment and receive your benefit