

Please enter your information and complete for any dependents you want included on the plan.

Social Security	Type	Last Name	First Name	MI	Sex	Date of Birth
On file	Client				NA	On file
On file	Spouse				NA	On file
	Dependent (A)					
	Dependent (B)					
	Dependent (C)					
	Dependent (D)					
	Dependent (E)					

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Annual Rates:**

Employee Only	\$ 435.08
Employee + 1 Adult	\$ 867.64
Employee + Child(ren)	\$ 800.44
Employee + Family	\$1,394.16

Please send completed form and premium check payable to **RAA Client Association** to:

Retirement Advisors of America  
13155 Noel Road, Suite 1800  
Dallas, TX 75240

If you want to pay your premium directly from your Retirement Advisors account, please print and complete the Dental Letter of Instruction (LOI) form found on our website under the Client Services tab. Please be advised that payment from an IRA account is considered a taxable distribution.

If you choose the Dental LOI payment method you can fax the enrollment form and the LOI to us at 972-233-3188.

As always, please call one of your Relationship Manager Team members at 800-321-9123 or 800-877-5469 with any questions.