

Thank you for applying for dental insurance with **BlueCross BlueShield of Tennessee**.

Please complete the attached application. The effective date of coverage will be the first of the month following receipt of your application.

For your first month's premium, either use the eCHECK and enter your bank account on the form, or check "Bill Me." **DO NOT** send in a check with the application.

Rates: Adults - \$26.50 Children (17 and under) - \$14.60

Send your completed application to:

TennHealth Insurance Services  
2470 Hwy 70 East  
Camden TN 38320

or for faster service, you may fax your application to **866-306-8009**

If you have any questions, please call 731-213-0086 for assistance.



**Note that this insurance has a 12 month waiting period for major services.**

