

To My Dentist

I'm eligible for the MetLife Preferred Dentist Program (PDP). Through this program, I may save money on dental expenses if I receive services from a participating PDP dentist. Currently, you are not a participating PDP dentist, and I would like you to consider applying for membership. If you're interested, please complete the below information and carefully seal the document by inserting it in an envelope before returning it to MetLife at the below address. Upon receipt, we will promptly forward you information on the PDP.

Thanks!

To Be Completed by the Plan Participant

Employer/Group Name: _____

Plan Participant Name: _____

YES, I'd like to apply for membership in the MetLife Preferred Dentist Program as a Participating Dentist.

Please forward information and an application to:

* Dentist Name: _____

* State License #: _____

* Practice Address: _____

Floor/Suite: _____

City: _____ State: _____ Zip: _____

* Phone: _____

* Practice Fax: _____

* Practice Email: _____

*Required Information



MetLife

MetLife Dental Program Management

P.O. Box 3019

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