

**To enroll yourself (and your dependents), follow these simple steps:**

1. Access the website [www.renstudent.com/smilesaver](http://www.renstudent.com/smilesaver)
2. You must select a dentist and vision doctor from the Directory of Participating Dental and Vision Offices and enter their code number where indicated **before enrolling**
3. Follow the online enrollment instructions

**For questions about enrollment, contact:**

Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
1-800-537-1777  
CA License No. 0697235

**For benefit questions, contact:**

Safeguard Dental and Vision (SmileSaver Dental Plan 3000/Vision Plan SM10)  
95 Enterprise  
Suite 100  
Aliso Viejo, CA 92656  
1-800-880-1800

**If online enrollment is completed (and payment submitted) on or before the 20th of the month, you will have an effective date of the first day of the following month. If online enrollment is completed (and payment submitted) after the 20th of the month, you will have an effective date of the first date of the second month thereafter. (Example: if your enrollment/payment is submitted on 9/20/07, your coverage will be effective on 10/1/07. But if your enrollment/payment is submitted on 9/21/07, your coverage will be effective on 11/1/07.)**

**Coverage for this plan does not extend beyond September 30, 2008.** Please do not submit payment for enrollment in the plan beyond this date. Should you wish to enroll for a longer period, the program for the 2008-2009 year will be available prior to the beginning of the fall term.

**MONTHLY MEMBERSHIP FEE  
YOU MUST PURCHASE MEMBERSHIP FOR A  
MINIMUM OF THREE MONTHS**

Member	\$12.00 per month
Member+One	\$20.00 per month
Family	\$27.00 per month

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