

Please refer to your proposal to complete this application. This document will form part of any contract issued. Print clearly in black ink, and answer all questions or indicate "not applicable."

**Plan Selection**

Is this a SmartSuite selection?  No  Yes

	Plan 1	Plan 2
Plan Name (as shown on your proposal)		
Coinsurance:	Participating (In) : % ____/____/____ Non-participating (Out): % ____/____/____	Participating (In) : % ____/____/____ Non-participating (Out): % ____/____/____
Deductible:	Participating (In): \$ Non-participating (Out): \$	Participating (In): \$ Non-participating (Out): \$
Annual Maximum:	\$	\$
Preventive Services Deductible Options:	<input type="radio"/> Apply Deductible <input type="radio"/> Waive Deductible	<input type="radio"/> Apply Deductible <input type="radio"/> Waive Deductible
Periodontic/Endodontic Options:	<input type="radio"/> Basic <input type="radio"/> Major	<input type="radio"/> Basic <input type="radio"/> Major
Orthodontia Options:	<input type="radio"/> Child Only: Lifetime Orthodontia Maximum \$ _____ <input type="radio"/> Adult And Child: Lifetime Orthodontia Maximum \$ _____	
Composite Fillings for Molars:	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Implant Coverage:	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Out of network reimbursement options:	<input type="radio"/> Maximum allowable fee <input type="radio"/> In-network fee schedule	<input type="radio"/> Maximum allowable fee <input type="radio"/> In-network fee schedule
Open Enrollment ( <b>100+ groups only</b> ):	<input type="radio"/> No <input type="radio"/> Yes	

**Underwriting Requirements**

- Underwriting approval is required to offer more than one dental carrier to your employees.
- Dental coverage is available to employers with two or more enrolled employees.
- If the only employees of a two-life group are husband and wife, each must enroll separately as an employee and maintain eligibility. The group is only eligible if a bona fide business entity exists.
- Minimum employer contribution toward employee premium is 25%. This minimum does not apply to Voluntary coverage.
- Retiree coverage is available to employers with 26 or more enrolled employees.
- Minimum age for retiree coverage is 65 for employers with 26 to 50 enrolled employees and must be at least 50 for 51+ enrolled employees.
- Excluded class options: hourly, salary, union, non-union, management, non-management.
- If you do not maintain eligibility, underwriting, and participation requirements, we will terminate your coverage.

**Participation requirements:**

Eligible Employees	Participation
2+ (Employer Pays 100% of Premium)	100%
2+ (Employees Contribute to Premium)	75%
2+ Eligible Employees with Spousal Waiver	50%

**Voluntary Participation Requirements:**

Eligible Employees	Participation
<b>Traditional Preferred, PPO, Preventive Plus</b>	
2+ Employees	Two enrolled employees or 25% whichever is greater.
<b>Advantage Plus</b>	
10+ Employees	Ten enrolled employees or 25% whichever is greater
<b>Prepaid</b>	
2+ Employees	Two or more enrolled employees
<b>Prepaid with orthodontia coverage</b>	
10 + employees	Ten or more employees

**Group Information**

How much will you contribute to premium? Employee \_\_\_\_\_% Dependent \_\_\_\_\_%

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Are you offering dental coverage to retirees?  No  Yes If yes, required age: \_\_\_\_\_ Minimum years of service: \_\_\_\_\_

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Did you have prior group dental coverage?  No  Yes  
If yes, submit most recent carrier billing with effective and termination dates.

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Did your prior dental coverage include orthodontia?  No  Yes

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Will your employees have access to another carrier's dental coverage by virtue of their employment with you?  No  Yes  
If yes, name of carrier: \_\_\_\_\_