



# Master application for group dental benefits

- New coverage with requested commencement date of \_\_\_\_\_
- Renewing or changing existing plan

In order for dental coverage to begin on the requested date above, Dental Health Services must receive this application completed no later than the date requested. This application is to confirm your elections and to confirm that the group will adhere to Dental Health Services' plan requirements contained in the group contract. Dental Health Services is unable to issue a contract, group number or billing statement until this application is completed and processed.

## Group information

*\* If the mailing address differs from the information listed above, please note the desired mailing address on the reverse side of this form*

GROUP NAME	TAXPAYER ID	SIC CODE
ADDRESS*	CITY/STATE/ZIP*	
BILLING ADDRESS (if different from mailing address)	CITY/STATE/ZIP	
E-MAIL ADDRESS	PHONE	FAX
CONTACT NAME	DECISION-MAKER NAME	TYPE OF BUSINESS

### MEMBERSHIP CARDS SENT TO

- Employer
- Subscriber's home address
- Other \_\_\_\_\_

### CONTRACT OR RENEWAL SENT TO

- Employer
- Agent/broker
- Other \_\_\_\_\_

## Number of employees

Total number of eligible employees \_\_\_\_\_  
 Total number of employees participating \_\_\_\_\_

## Employer contribution

Employee \_\_\_\_\_ %  
 Dependant \_\_\_\_\_ %

## Monthly premium rates\* Plan \_\_\_\_\_

Employee only            \_\_\_ @ \_\_\_ = \_\_\_\_\_  
 Employee + Spouse        \_\_\_ @ \_\_\_ = \_\_\_\_\_  
 Employee + Child(ren)    \_\_\_ @ \_\_\_ = \_\_\_\_\_  
 Family                        \_\_\_ @ \_\_\_ = \_\_\_\_\_  
 First month's premium total \_\_\_\_\_

## Additional information

Dependant age maximum \_\_\_\_\_  
 New hire eligibility waiting period  
 30 days     60 days     90 days

## Agent or broker information

The group uses an agent or broker  
 Broker name \_\_\_\_\_  
 Broker number \_\_\_\_\_  
 Effective date of broker of record \_\_\_\_\_

## COBRA administration

- Bill COBRA separately
- The group uses a COBRA administrator

Administrator's name \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_

## Third party administration

- The group uses a third party administrator

Administrator's name \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_

## Group Service Agreement

Attached to this Application is a copy of the Group Service Agreement. Execution of this Application by Group constitutes execution and acceptance by Group of all the terms, provisions, and conditions of the Group Service Agreement. Upon acceptance and execution of the Application by Dental Health Services, the attached Group Service Agreement shall constitute the Agreement between the parties. Dental Health Services shall then deliver to Group a fully executed copy of the Application and Group Service Agreement.

## Certification

Group hereby applies to Dental Health Services for arrangement of dental care services for Group's eligible employees. It is agreed that dental coverage will not become effective until the application is completed and has been approved by Dental Health Services, and the applicable premium has been received by Dental Health Services. The agent is not authorized to make any commitments or representations that differ from the Group Agreement. Group certifies that the above information in its entirety is true to the best of its knowledge. Group agrees to the terms and conditions of the Group Service Agreement. Group represents that the person signing this Application as Group's representative is fully authorized to execute and submit this Application and to enter into the Group Services Agreement on behalf of Group.

\_\_\_\_\_  
GROUP NAME

\_\_\_\_\_  
GROUP SIGNATURE

\_\_\_\_\_  
DATE

APPROVED AND ACCEPTED BY DENTAL HEALTH SERVICES

\_\_\_\_\_  
JOSH NACE, VICE PRESIDENT OF SALES AND SERVICE

\_\_\_\_\_  
DATE

*\* If completing this application online, by typing your first and last name in the signature field you agree to the terms and conditions above.*