



Master Application for Group Dental Benefits

- New coverage with requested effective 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 all 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. Once a master application is completed, your group coverage will automatically renew at your anniversary date, unless Dental Health Services receives written notification otherwise.

Group Information

Group Name _____ Taxpayer ID: _____ SIC Code: _____

Address _____ City/State/ZIP _____

Email _____ Phone _____ Fax _____

Group Administrator _____ Type of Business _____

Mailing Address _____ City/State/ZIP _____
(if different from above)

Number of employees

Total eligible employees _____

Total participating employees _____

Membership Cards Sent To:

- Employer
- Subscriber's home address

Employer contribution

Employee _____ %

Dependent _____ %

Monthly premium rates*

Employee Only _____ @ _____ = _____

Employee & 1 dependent _____ @ _____ = _____

Employee & 2 dependents _____ @ _____ = _____

Employee & 3 dependents _____ @ _____ = _____

First month's premium total: _____

Benefit selections

Name of selected plan _____

Additional information

New hire eligibility waiting period

30 days 60 days 90 days

*Please include notes for additional dental plan coverage options with the group's selected dental plan.

Insurance producer information

- The group uses an insurance producer

Insurance Producer name _____

Insurance Producer number _____

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 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 insurance producer is not authorized to make any commitments or representations that differ from the Group Service Agreement. Group certifies that the above information is in its entirety 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 Service Agreement on behalf of group.

It is a crime to knowingly provide false, incomplete, or misleading information to a limited healthcare service contractor for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.

Group Administrator Signature

Approved and Accepted by Dental Health Services
Dental Health Services Plan Administrator

Date _____

Date _____