Dental Health Services

Master Application for Group Dental Benefits

Requested effective date: _____

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.

Group Information

Group name: _____ Taxpayer ID: _____ SIC code: _____

Address: _____ City/State/Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

Group Administrator: _____ Type of Business: _____

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

Membership Cards Sent to

□ Employer

□ Subscriber's home address

Number of Employees

Total number of eligible employees _____

Total number of participating employees _____

Employer Contribution

Employee _____%

Dependent _____%

Benefit Selection

Name of selected plan _____

New Hire Eligibility Waiting Period

□ 30 days □ 60 days □ 90 days □ 120 days

Dependent Age Limits

Dependent maximum age is 26.

Website Information Access

Please indicate the level of access you would like to allow for subscribers. Default access restricts both options.

□ Change Member Contact Information

□ Change Dentist Information

Monthly Premium Rates

Please calculate your first month's premium and send payment with your application.

	# Emp.	Rate	Total
Employee only	_____	@ $_____	= $_____
Employee & 1 dependent	_____	@ $_____	= $_____
Employee & 2 dependents	_____	@ $_____	= $_____
Employee & 3+ dependents	_____	@ $_____	= $_____
First month's premium total:			$_____

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

COBRA Administration

□ Cobra eligible

□ Bill COBRA separately

□ The group uses a COBRA administrator

Administrator's name: _____

Contact person: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Fax number: _____

Insurance Producer/Agent Information

□ This group uses an insurance producer

Insurance producer/agent name _____

Assigned insurance producer/agent 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 agent 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.

Approved and Accepted by Dental Health Services

_____ _____

Group Administrator Signature | Dental Health Services Plan Administrator Signature

_____ _____

Date | Date

3833 Atlantic Avenue, Long Beach, CA 90807

800-637-6453

www.dentalhealthservices.com