

Standard Life and Accident Insurance Company

Dental Group Application

Group Information

Name of Applicant _____ Federal Id. No: _____

Type of Group _____ Type of Industry _____

Address _____

Number & Street _____ City _____ State _____ Zip Code _____ County _____
Name of Contact Person: _____ Telephone Number _____

Billing Name & Address (If Different) _____ TPA 1 No 1 Yes

Address _____

Number & Street _____ City _____ State _____ Zip Code _____ County _____

Name of Contact Person: _____ Telephone Number _____

Proposed Effective Date: _____ Length of Contract _____

Census Information

_____ Total Number of Employees _____ Total Number of Eligible Employees

Takeover 1 No 1 Yes If yes, previous carrier & takeover period: _____

Type of Coverage 1 Dental 1 Vision

Plan Requirements

Eligibility

of Months: _____

Effective

1 1st day of the month following completion of eligibility 1

1 1st day of month following date of hire 1

Waive for initial enrollees? 1 Yes 1 No

Who Is Eligible?

1 All Employees

1 Class of Employees

(Specify below)

1 Retired Employees

1 Spouse

1 Dependents Children To Age ____

1 Full Time Students To Age ____

Specified Class _____

Rates

1 Standard 3 rate: EE \$ _____ Two Party \$ _____ Three Party + \$ _____

Employer Pays

_____ % of Employee; _____ % of Dependent

Employee Pays

_____ % of Employee; _____ % of Dependent

Payment Mode:

1 Monthly 1 Biweekly 1 Weekly

Benefits/Copayments/Deductibles/Maximums

Fee Basis: 1 UCR

Based On: 1 Calendar Year 1 Contract Year

____ %Diagnostic & Preventative
Waive Deductible on D & P? 1 No 1 Yes
____ % Other basic
____ %Restorative & Denture Repair
____ %Crowns & Cast Restoration
Waiting Period for C&C? 1 No 1 Yes _____
Waive on Initial Enrollees? 1 No 1 Yes _____
____ %Prosthodontics:
Waiting Period for Prosthodontics? 1 No 1 Yes _____
Waive on Initial Enrollees? 1 No 1 Yes _____

Lifetime Deductible 1 No 1 Yes
Individual Deductible \$ _____
Family Aggregate Deductible \$ _____
Maximum \$ _____
Missing Tooth Exclusion 1 No 1 Yes, only teeth extracted
under contract will be covered.

Add Orthodontics to Covered Services? 1 No 1 Yes

If Yes, Supply the Following Details:

Children Only 1 To Age _____
Copayment _____ %
Lifetime Maximum \$ _____
Takeover on Max 1 No 1 Yes
Waiting Period for Orthodontics? 1 No 1 Yes
Waive on Initial Enrollees? 1 No 1 Yes

Administrative Information _____

Initial Eligibility Information Will Be Provided By:
1 Enrollment Cards
1 Other (specify) _____
Additions and Deletions Following Initial Enrollment
Will Be Provided By:
1 Enrollment Cards
1 Other (specify) _____

Billing Information _____

Provide a Printed Copy of Billing to Group 1 No 1 Yes
Pay as Billed 1 No 1 Yes
Payment Methods (Check those that apply)
1 Check
1 Wire Transfer
1 Other (specify) _____

Special Requests (Attach Page if Necessary) _____

Agent Name _____ TIN or SS# _____ State License # _____
(If applicable)

Signature _____ Telephone # _____

Address _____
(Street) (City) (State) (Zip) (County)

This program shall become effective only upon issuance of a written agreement executed by a duly authorized officer of Standard Life and Accident Insurance Company. The statements in this application are deemed to be representations and not warranties. Any misrepresentation, omission, concealment of fact or incorrect statement which is material to the acceptance of risk may prevent recovery if, had the true facts been known to Standard Life and Accident Insurance Company we would not in good faith have issued the contract at the same premium rate.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Executed this _____ day of _____, 20____ for the Applicant

Accepted by Standard Life and Accident Insurance Co.
This _____ Day of _____, 20____
Underwriting Authorization _____ (initials)

By: Name & Title _____
(please print)
Signature _____

David R. White, Underwriter