

# 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

#### Payment Mode:

1 Monthly 1 Biweekly 1 Weekly

#### Employee Pays

\_\_\_\_\_ % of Employee; \_\_\_\_\_ % of Dependent

**Benefits/Copayments/Deductibles/Maximums**

Fee Basis: 1 UCR

Based On: r 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for the Applicant By:  
at (city/state) \_\_\_\_\_

Name & Title \_\_\_\_\_  
(please print)  
Signature \_\_\_\_\_

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

David R. White, Underwriter