

Plan selection

To complete this information, refer to your proposal.

Is this a SmartSuite selection? No Yes

Plan 1	Plan 2
Plan name: (as shown on your proposal)	Plan name: (as shown on your proposal)
Deductible: \$	Deductible: \$
Annual Maximum: \$	Annual Maximum: \$
Preventive services deductible options: <input type="checkbox"/> apply deductible <input type="checkbox"/> waive deductible	Preventive services deductible options: <input type="checkbox"/> apply deductible <input type="checkbox"/> waive deductible
Periodontic/endodontic options: <input type="checkbox"/> basic <input type="checkbox"/> major	Periodontic/endodontic options: <input type="checkbox"/> basic <input type="checkbox"/> major
Orthodontia options: <input type="checkbox"/> child only: lifetime orthodontia maximum \$ _____ <input type="checkbox"/> adult and child: lifetime orthodontia maximum \$ _____	

Underwriting requirements

- Underwriting approval is required to offer more than one dental carrier to your employees.
- Dental coverage is available to employers with two or more enrolled employees.
- If the only employees of a two-life group are husband and wife, each must enroll separately as an employee and maintain eligibility. The group is only eligible if a bona fide business entity exists.
- Minimum employer contribution toward employee premium is 25%. This minimum does not apply to Voluntary coverage.
- Retiree coverage is available to employers with 26 or more enrolled employees.
- Minimum age for retiree coverage is 65 for employers with 26 to 50 enrolled employees and must be at least 50 for 51+ enrolled employees.
- Excluded class options: hourly, salary, union, non-union, management, non-management.
- If you do not maintain eligibility, underwriting, and participation requirements, we will terminate your coverage.

Participation requirements:

Eligible Employees	Participation
2+ (employer pays 100% of premium)	100%
2+ (employees contribute to premium)	75%
2+ enrolled employees with spousal waiver	50%

Voluntary participation requirements:

Eligible Employees	Participation
2+ employees	Two enrolled employees or 25%, whichever is greater

Group information

How much will you contribute to premium? Employee _____% Dependent _____%

Are you offering dental coverage to retirees? No Yes If yes, required age: _____ minimum years of service: _____

Did you have prior group dental coverage? No Yes
If yes, submit most recent carrier billing with effective and termination dates.

Did your prior dental coverage include orthodontia? No Yes

Will your employees have access to another carrier's dental coverage by virtue of their employment with you? No Yes
If yes, name of carrier: _____
