

Please refer to your proposal to complete this application. This document will form part of any contract issued. Print clearly in black ink, and answer all questions or indicate "not applicable."

Plan Selection

Is this a SmartSuite selection? No Yes

	Plan 1	Plan 2
Plan Name (as shown on your proposal)		
Deductible:	\$	\$
Annual Maximum:	\$	\$
Preventive Services Deductible Options:	<input type="radio"/> Apply Deductible <input type="radio"/> Waive Deductible	<input type="radio"/> Apply Deductible <input type="radio"/> Waive Deductible
Periodontic/Endodontic Options:	<input type="radio"/> Basic <input type="radio"/> Major	<input type="radio"/> Basic <input type="radio"/> Major
Orthodontia Options:	<input type="radio"/> Child Only: Lifetime Orthodontia Maximum \$ _____ <input type="radio"/> Adult And Child: Lifetime Orthodontia Maximum \$ _____	
Implant Coverage:	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Out of network reimbursement options:	<input type="radio"/> Maximum allowable fee <input type="radio"/> In-network fee schedule	<input type="radio"/> Maximum allowable fee <input type="radio"/> In-network fee schedule

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 51 or more enrolled employees.
- Minimum age for retiree coverage is 50.
- 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.

A minimum of 5 employees must enroll in plans SG185, SGX185 or SGX225.

Traditional Plus, Preventive Plus, and DHMO participation requirements:

Eligible Employees	Participation
2+ (Employer Pays 100% of Premium)	100%
2+ (Employees Contribute to Premium)	75%
2+ Eligible Employees with Spousal Waiver	50%

Voluntary Traditional Plus and Voluntary Preventive Plus participation requirements:

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

Voluntary DHMO participation requirements:

Plan	Participation
SG220D and SG290D	Minimum of 2 enrolled employees
SG185, SGX185, and SGX225	Minimum of 5 enrolled employees

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: _____