Plans Underwritten by:

DENTCARE DELIVERY SYSTEMS, INC.

Plans Administered by:

HEALTHPLEX
THE DENTAL BENEFIT EXPERTS℠

Send Completed Form To:
Dentcare Delivery Systems, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553-3608
P 800-468-0466 • F 516-228-9572

Small Business Group Application

Employer Information

Company Name			Group #	
Address	Suite #	City	State	Zip Code
Contact Person	Title		Phone	

Group Enrollment Census				Email Address	Effective Date
Single	Two Party	Family	Total Enrollment		

Employee Premium % Contribution				Gender		
Single	Two Party	Family	Total Enrollment	Male	Female	Total

Monthly Premium Rates

Single:$_____ Two Party:$_____ Family:$_____

Payment Options

Check

Check enclosed in the amount of $_____ payable to Dentcare Delivery Systems, Inc. representing initial month's premium.

Credit Card - An additional $5.00 processing fee will be added to any credit card charge.

☐ Visa ☐ MasterCard ☐ Discover → ☐ Initial monthly charge ☐ Recurring monthly charge (check one or both)

Name on Card_____

Card Number_____Exp. Date_____

Direct Debit

☐ Direct Debit **Allow 30 days for processing. First payment must be made by check.*

Routing Number	Account Number
Financial Institution	
Name on Account	

Checklist of Enclosures

☐ Signed Group Application.
☐ Group Enrollment form(s) for each employee.
☐ Copy of Prior Coverage (if applicable).
☐ Most recent NYS-45 Quarterly Tax Report.
☐ Initial monthly premium payment by check (enclosed) or credit card.

Broker/Agent Appointment

Broker/Agent	Company Name	SSN/Tax ID#

By signing below, I acknowledge that I have read and agree to the terms and conditions on the reverse side.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature	Date

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Plan Selection

☐ CapDent	☐ CapDent Plus	☐ Select	☐ Select Plus	☐ Omni	☐ Comprehensive Voluntary
Minimum Enrollment of 2 Employees	Minimum Enrollment of 3 Employees	Minimum Enrollment of 2 Employees	Minimum Enrollment of 3 Employees	Minimum Enrollment of 2 Employees	☐ Low Option ☐ Medium Option ☐ High Option ☐ High Enhanced Option

Supplemental Information (Internal Use Only)

Age Limits	Age Ends on	Ortho Age
_____ /_____	☐ Birthday ☐ End of Month ☐ End of Calendar Year	

Benefits are per: ☐ Contract Year ☐ Calendar Year	Assignment of Benefits: ☐ Yes ☐ No
Billing Period: ☐ Monthly ☐ Quarterly ☐ Annually	Billing Format: ☐ Paper ☐ Email ☐ FTP

Term of Agreement: ☐ 12 ☐ 24 ☐ 36	Days to Renew: ☐ 30 ☐ 60 ☐ 90	Claims Group

Vision

☐ V0 - No Vision ☐ V2 - Comprehensive Funded II ☐ V4 - Designer Materials

☐ V1 - Comprehensive Funded I ☐ V3 - Affinity Hybrid ☐ V5 - Comprehensive Designer ☐ VV - Embedded

Major Service Waiting Periods	Dentcare Delivery Systems, Inc. Account Representative	
☐ None ☐ 12 Months ☐ 24 Months		

Terms and Conditions

Dental Plan Information

This plan is underwritten by Dentcare Delivery Systems, Inc. The Group Dental Agreement can be found on the Healthplex, Inc. (Third Party Administrator) website. A hard copy is available upon request. It is understood and agreed that all benefit levels, exclusions and limitations are detailed in the Certificate of Insurance, and the general provisions of this Agreement are detailed in the General Dental Agreement. It is further understood that, upon the applicant signing this application and upon its acceptance by Dentcare Delivery Systems, Inc., the Group Dental Agreement is binding between the applicant and Dentcare Delivery Systems, Inc.

Application, enrollment cards and payment must be received by the 20th of the month for coverage to begin on the first of the following month. The payment can be made by direct debit, credit card (Visa, Discover or MC) or ACH wire.

Minimum Participation Requirement

CapDent and Select: The group agrees to maintain a minimum of two (2) enrollees in this dental plan for the entire coverage period. If minimum enrollment is not maintained, it is understood that the group's policy will be cancelled at the end of the policy term.

CapDent Plus and Select Plus: The group agrees to maintain a minimum of three (3) enrollees in this dental plan for the entire coverage period. If minimum enrollment is not maintained, it is understood that the group's policy will be cancelled at the end of the policy term.

Comprehensive Voluntary: Groups with ten (10) or more employees may offer multiple options and are not required to select a single option. Groups with less than ten (10) employees must select a single option. Groups with less than three (3) employees may not select the High or High Enhanced Option.

Payment Authorization

Should recurring payment of monthly premium be made through the credit or debit card option, the group authorizes Dentcare Delivery Systems, Inc. to charge its corporate credit or debit card automatically each month on a recurring basis for the 12-month period. Should payment be made through direct debit, the group authorizes Dentcare Delivery Systems, Inc. to directly debit the designated bank account each month.

There is an additional monthly premium of $10.00 for each family member in excess of five (5).

Cancellation Policy

If dental coverage lapses due to non-payment of premium, it is understood that the group's policy will be terminated in accordance with NYS insurance law.

Renewal Conditions

The group is aware that this dental plan is an annual policy. Upon renewal, Dentcare Delivery Systems, Inc. reserves the right to change monthly premium rates.

Broker/Agent Appointment

The group confirms that the Broker/Agent named on this application is/are the Broker/Agent of record and will adhere to the Protected Health Information (PHI) and Personally Identifiable Information (PII) guidelines applicable to the group's members.

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