

STATE WHERE COMPANY IS HEADQUARTERED

Pennsylvania Maryland New York
 Delaware District of Columbia West Virginia

SMALL BUSINESS GROUP APPLICATION

CLIENT INFORMATION

Client name			
Contact Person	4-digit SIC Code	Industry Type	
Title	Telephone number	Fax number	
Street address	City & County	State	ZIP code
Billing address (if different)	City & County	State	ZIP code
Will you offer dual choice to your employees (choice of more than one dental program)? <input type="checkbox"/> No <input type="checkbox"/> Yes. Delta Dental is carrier for both programs. <input type="checkbox"/> Yes. Our carriers are Delta Dental and _____		Will this Delta Dental program replace existing dental coverage your client currently has through another dental plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of previous carrier: _____	
Proposed effective date of coverage	Signature of company officer	Date	
Name of company officer (PLEASE PRINT)		Title of company officer (PLEASE PRINT)	

DELTA DENTAL PREMIER® OR DELTA DENTAL PPO PROGRAM

	DELTA DENTAL PREMIER				DELTA DENTAL PPO					
	Premier 1	Premier 2	Premier 3	Premier 4	PPO 1	PPO 2	PPO 3	PPO 4	PPO V1	PPO V2
Check one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic & Preventive	100%*	100%*	100%*	100%*	100%**	100%**	100%**	100%**	100%**	100%**
Basic Restorative	50%*	80%*	80%*	80%*	50%**	80%**	80%**	80%**	80%**	80%**
Oral Surgery	50%*	80%*	80%*	80%*	50%**	80%**	80%**	80%**	80%**	80%**
Endodontics	50%*	80%*	80%*	80%*	50%**	80%**	80%**	80%**	80%**	80%**
Periodontics	50%*	80%*	80%*	80%*	50%**	80%**	80%**	80%**	80%**	80%**
Major Restorative	not a benefit	not a benefit	50%*	50%*	not a benefit	not a benefit	50%**	50%**	not a benefit	50%**
Prosthodontics	not a benefit	not a benefit	50%*	50%*	not a benefit	not a benefit	50%**	50%**	not a benefit	50%**
Orthodontics \$1000 Lifetime Maximum	not a benefit	not a benefit	not a benefit	50%*	not a benefit	not a benefit	not a benefit	50%**	not a benefit	not a benefit
Calendar Year Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Calendar Year Maximum per person	\$1000	\$1500	\$1500	\$1500	\$1000	\$1500	\$1500	\$1500	\$1000	\$1000

Premier 3 and Premier 4 and PPO 3 and PPO 4 (Major Restorative and Prosthodontics) - There is a six-month waiting period on major restorative and prosthodontic services for clients with fewer than 50 employees with no prior coverage.

Premier 4 and PPO 4 (Orthodontics) - Orthodontics is only available for employer sizes of 50 plus employees or employer sizes of 5-49 that have orthodontic coverage with their current carrier.

PPO V1 and V2 (Oral Surgery, Endodontics and Periodontics) - There is a six-month waiting period on all oral surgery, endodontic and periodontic services. Waiting periods will be waived for groups having prior coverage which included these services. **(Major Restorative and Prosthodontics)** - There is a twelve-month waiting period on all major restorative and prosthodontic services. Waiting periods will be waived for groups having prior coverage which included these services.

*The Delta Dental Premier program makes its payment for both participating and non-participating dentists according to the Delta Dental Premier Maximum Plan Allowance (Delta Dental Premier MPA) or fee charged, whichever is less (Delta Dental Premier Allowed Amount). Delta Dental Premier participating dentists agree to accept the Delta Dental Premier Allowed Amount as payment in full. Delta Dental's payment is a percentage of the Delta Dental Premier Allowed Amount; a subscriber copayment may be required. Deductibles may also apply. Non-participating dentists may balance bill the patient without limit by Delta Dental.

**The Delta Dental PPO program makes its payments for both participating and non-participating dentists according to the Delta Dental PPO Maximum Plan Allowances (PPO MPA) or fee charged, whichever is less (PPO Allowed Amount). Delta Dental PPO participating dentists agree to accept the Delta Dental PPO Allowed Amount as payment in full. Delta Dental's payment is a percentage of the PPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Dentists who participate in the Delta Dental Premier network but not the Delta Dental PPO network may balance bill the patient the difference between the Delta Dental Premier Allowed Amount and the PPO Allowed Amount. Non-participating dentists may balance bill the patient without limit by Delta Dental.

CENSUS DATA (Delta Dental Premier and Delta Dental PPO programs)

This program requires 5 enrollees minimum

Employee Participation	Total number of eligible employees: _____	Employees	_____ % *	*Premier & PPO - Minimum 75% employee and 50% dependent participation required. PPO V1 and V2 - Minimum 25% employee participation.
	Total number of enrollees: _____	Dependents	_____ % *	
Distribution by dependency status/Premium	Employee Only	_____	x	_____ = _____
	Employee & 1 Dep.	_____	x	_____ = _____
	Employee & Family	_____	x	_____ = _____
				Total
Percentage of employer contribution toward premium cost: _____		Premier & PPO - Minimum 50% of the cost of the plan required PPO V1 and V2 - No contribution percent required		

DELTACARE® USA PROGRAM

Program Design (check one)	Employer Contribution (check one)
<input type="checkbox"/> Plan 13A	<input type="checkbox"/> Employer Contribution
<input type="checkbox"/> Plan 15A	<input type="checkbox"/> Voluntary - No Employer Contribution
<input type="checkbox"/> Plan M73	

CENSUS DATA (DeltaCare USA program)

Complete the following information if client is applying for DeltaCare USA (Delta Dental's pre-paid dental plan administered by Delta Dental's affiliate PMI)
 Total number of eligible employees: _____ Total number of enrollees: _____ *(This program requires 5 enrollees minimum)*

Distribution by dependency status/Premium

	Number of enrollees		Monthly premium rates		Total
Employee only	_____	x	_____	=	_____
Employee & 1 Dep.	_____	x	_____	=	_____
Employee & Family	_____	x	_____	=	_____
			Total		_____

EMPLOYEE ELIGIBILITY PERIOD (check one):

- Standard: First of month, following _____ days of employment (minimum 30 days)
- Custom: As mirrors our medical plan:
 - 1. First of the month following date of hire
 - 2. Date of hire (client must pay dues for entire month of coverage regardless of date of hire)

SUBMIT TO YOUR BROKER:

Delta Dental Premier and Delta Dental PPO 1) This completed, signed application 2) Completed Enrollment/Change forms for each eligible employee 3) Quarterly Wage Statement identifying all eligible employees 4) A check for your first month's premium made payable to <i>Delta Dental</i> 5) Signed Business Associate Addendum	DeltaCare USA 1) This completed, signed application 2) Completed Enrollment/Change forms for each enrollee 3) A check for your first month's premium made payable to <i>Delta Dental</i> 4) Signed Business Associate Addendum
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IT IS AGREED THAT PREMIUM AND A CURRENT ELIGIBILITY LIST WILL BE SUBMITTED TO DELTA DENTAL'S DESIGNATED ADMINISTRATOR BY THE TWENTY-FIFTH OF THE MONTH PRIOR TO THE COVERAGE MONTH.

The program shall become effective only upon issuance of a written agreement executed by a duly authorized officer of Delta Dental or it's licensed affiliate. It is understood and agreed that this application be made a part of such agreement.

Writing Agent's Information

Writing Agent's name	Telephone number	Fax number
Company name		
Mailing address	City	State ZIP code
Writing Agent's signature	Date	
(Please furnish one) <input type="checkbox"/> Social Security number:	<input type="checkbox"/> TIN number:	Company is Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only

GA Company Name	<input type="checkbox"/> Level One
GA Sales Representative	<input type="checkbox"/> Level Two

Pennsylvania/Maryland: Application is herewith made for a dental service contract from Pennsylvania Dental Service Corporation, t/d/b/a Delta Dental of Pennsylvania (Delta Dental). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta Dental. It is further understood that Delta Dental underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the Delta Dental Premier and Delta Dental PPO programs, and at least five (5) eligible employees in the DeltaCare USA program. Any variance in this criteria must be approved by Delta Dental prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta Dental, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta Dental.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: Application is herewith made for a dental service contract from Delta Dental of New York, Inc. (Delta Dental). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta Dental. It is further understood that Delta Dental underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the Delta Dental Premier and Delta Dental PPO programs and at least five (5) eligible employees in the DeltaCare USA program. Any variance in this criteria must be approved by Delta Dental prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta Dental, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta Dental.

Pursuant to law, please be advised that any person who knowingly and with intent to defraud any insurance company or any 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

District of Columbia: Application is herewith made for a dental insurance contract from Delta Dental Insurance Company (DDIC). It is understood that this Application is offered as an inducement for issuance of a dental insurance contract by DDIC for Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental insurance contract duly signed by an authorized representative of DDIC. It is further understood that Delta Dental underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the Delta Dental Premier and Delta Dental PPO programs, and at least five (5) eligible employees in the DeltaCare USA program be enrolled. Any variance in this criteria must be

approved by Delta Dental prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta Dental, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental insurance contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental insurance contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental insurance contract to be executed between the Applicant and Delta Dental.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Delaware: Application is herewith made for a dental service contract from Delta Dental of Delaware, Inc. (Delta Dental). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta Dental. It is further understood that Delta Dental underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled. Any variance in this criteria must be approved by Delta Dental prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta Dental, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental service program as described in the group dental service contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta Dental.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

West Virginia: Application is herewith made for a dental service contract from Delta Dental of West Virginia (Delta Dental). It is understood that this Application is offered as an inducement for issuance of a dental service contract by Delta Dental. Such contract will be based exclusively on the information given to or acquired by Delta Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answers are true. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant. It is understood that acceptance of this Application shall only be by delivery to Applicant of a dental service contract duly signed by the President of Delta Dental. It is further understood that Delta Dental underwriting criteria for this contract require that 75% of all eligible employees and 50% of all eligible dependents (if such coverage is offered) be enrolled in the Delta Dental Premier and Delta Dental PPO programs, and at least five (5) eligible employees in the DeltaCare USA program. Any variance in this criteria must be approved by Delta Dental prior to acceptance of the program. Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to and accepted by Delta Dental, 2) the premium is paid, and 3) enrollment procedures are completed, no claims will be paid for Subscribers under the contract. Except as otherwise limited by the Health Insurance Portability and Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide Delta Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the group dental service contract for which the Applicant is applying. Delta Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. Delta Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the group dental service contract to be executed between the Applicant and Delta Dental.

Pursuant to law, please be advised that it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.