

Group Dental Application

(For new and renewing Small Employers)

SelectHealth, a Utah nonprofit corporation, P.O. Box 30192, Salt Lake City, Utah 84130, telephone **801-442-4908** (Salt Lake area) or **800-442-3125**. Employer applies to SelectHealth for group dental coverage. This Group Dental Application and the Group Dental Insurance Contract (including the Dental Payment Summary) become the agreement between SelectHealth and employer. In case of discrepancies, the Dental Payment Summary and the Group Dental Insurance Contract will prevail over this document.

The SelectHealth dental service area includes the entire state of Utah.

Company Name _____

Street Address _____

City, State, ZIP _____

Company Ph# (_____) _____

Nature of Business _____

A. DURATION OF GROUP DENTAL INSURANCE CONTRACT

If SelectHealth's minimum employee participation and employer contribution requirements are satisfied, the Group Dental Insurance Contract and its terms shall commence on the effective date for a term of twelve months.

- Effective Date: _____
- Contract Term: 12 months
- Termination Date: _____

B. MONTHLY PREMIUM

On or before the first day of each month, the employer shall pay SelectHealth the premium per the rate schedule.

C. DENTAL PAYMENT SUMMARY

In addition to any other applicable premium, members shall pay the appropriate deductible and copay/coinsurance amount on the attached Dental Payment Summary.

D. DENTAL PLAN COVERAGE

Employer acknowledges that the Contract is entered into by SelectHealth in reliance upon the employer supplying complete and accurate information. This document shall be considered to be material representations of fact by employer to SelectHealth. Employer states the sections below to be accurate.

E. EMPLOYEE RECONCILIATION

- _____ Number of full-time employees*
- _____ Number of employees enrolling
- _____ Number of ineligible employees (part time, etc.)
- _____ Number of employees waiving due to other group dental coverage
- _____ Number of employees waiving without other group dental coverage
- _____ Number of employees currently in a new hire waiting period

*Owners, officers, partners, and all other employees who work no less than thirty hours per week on a regular basis wherein an employer/employee relationship exists and where taxes are deducted from a salary. Independent contractors, leased, part-time, temporary, and retired employees are not eligible.

F. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

Mandatory employee eligibility and enrollment requirements that the employer must satisfy as a condition to the initial and continued effectiveness of this contractual arrangement are as follows:

1. New Hire Eligibility Period*

Effective date will be the 1st of the calendar month that begins after a waiting period of:

- 1 month 2 months 3 months (Following the date of hire)

Waiting period options below are available ONLY for groups of five or more enrolling employees.

- 6 months 9 months 12 months
 Dual waiting periods for separate classes (classes determined by employer) _____ / _____
- Combination of any two of the six waiting periods listed above (one month to 12 months)

*The New Hire Eligibility Period can only be changed twice per year: once at renewal and once outside of the renewal period. The new hire waiting period for dental must be the same as medical if you have medical coverage with SelectHealth.

2. Employer Monthly Contribution and Minimum Employee Enrollment Requirements**

- Contributory** (Employer must contribute an amount equivalent to at least 50 percent of the single coverage monthly Premium. The employer contribution must be consistent for all employee classes.)

Requirements for Contributory

- Employers with two to four enrolling employees - 100 percent of eligible employees must participate
- Employers with five or more enrolling employees - 75 percent of eligible employees must participate

- Voluntary** (Employer is not required to contribute to the employees' monthly premium.)

Requirements for Voluntary

- Employers with two to 50 enrolling employees - 30 percent must participate

**Employees waiving coverage due to other group dental coverage will not be counted toward participation.

3. Minimum Number of Employees

A minimum of two employees must be approved for group eligibility at all times. For the determination of a group of two, the spouse of the employer will not be considered as an eligible employee.

Orthodontia Coverage: A minimum of five employees must be approved for group eligibility at all times.

4. Dependent Age Limitations

Unmarried dependent children are eligible for coverage up to age 19. Unmarried, financially dependent children who rely on the member for more than 50 percent of their total support are eligible for coverage up to age 26.

5. Termination of Coverage

Employee and dependent(s) coverage will terminate as of the end of the month in which termination of eligibility occurs.

6. Leave of Absence

Eligible employees are granted a leave of absence by the employer for up to sixty days.

7. Employee Status

A person may only be considered an employee if the employer withholds and pays to the government Social Security and Medicare taxes and income tax withholding on the employee's wages.

G. SIGNATURE

Coverage, if approved, is made on the basis of information provided to SelectHealth by the employer and its employees and is subject to the above criteria as well as properly completed member applications. Employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Member applications must be submitted to and approved by SelectHealth's Underwriting department before the proposed effective date. Otherwise, SelectHealth may delay the effective date of issue of this Contract. During regular business hours, SelectHealth will have the right to audit Employer's payroll records before, during, or following the term of the contract to verify Employee enrollment and eligibility data, which may be relevant to enforcement of the terms of the Group Dental Insurance Contract.

This Group Application, along with the Group Dental Insurance Contract, must be signed by Employer and received by SelectHealth before the Contract can be finalized.

Employer understands and agrees that any coverage provided will be limited according to the terms of this Group Application and the Group Dental Insurance Contract (including the Dental Payment Summary).

Company Name _____ Date _____

Authorized Representative Signature _____

Authorized Representative (print name here) _____