



SUPERIOR DENTAL CARE EMPLOYER GROUP APPLICATION

LEADING THE WAY IN DENTAL BENEFITS

General Information:

Name of Group: _____ # of Eligible Employees: _____
 Address: _____ Group Tax ID#: _____
 City/State/Zip: _____ Phone: _____
 County: _____ Fax: _____

Contacts: (please include titles)

Administration: _____ Title: _____ Email: _____
 Enrollment: _____ Title: _____ Email: _____
 Superior Direct Connect: _____ Title: _____ Email: _____

To sign up for Superior Direct Connect, our online account management system, please go to our website at www.superiordental.com

Billing: _____ Title: _____ Email: _____

Automatic Deduction of Fees / Premiums, please complete the form on the back and attach a voided check.

Eligibility Information: Dependents are covered to the maximum age of: _____ (SDC permits up to age 25 through the end of the **birth month**).

Contribution Level: Employer Pays: _____ EE Pays: _____

<p><u>Plan Detail</u> Effective Date: _____ Renewal Date: _____ <u>Plan Type:</u> <input type="checkbox"/> The Preferred Plan <input type="checkbox"/> The Choice Plan <input type="checkbox"/> ASO <input type="checkbox"/> The Direct Plan <i>with or without our network</i> <input type="checkbox"/> Core and Enhanced Option <u>Network:</u> <input type="checkbox"/> Network Only <input type="checkbox"/> Open Access (In & Out of Network) <u>Funding Option:</u> <input type="checkbox"/> Fully-Funded <input type="checkbox"/> Self-Funded</p>	<p><u>Plan Design:</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;"><u>In Network</u></th> <th style="width:35%; text-align: center;"><u>Out of Network</u></th> </tr> </thead> <tbody> <tr> <td>Preventive</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>Basic</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>Major</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>Contract Maximum</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Deductible</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Ortho</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>Ortho Max</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Max Advantage (Preferred Plan Only) Max Advantage Contract Maximum for Year 2 \$ _____ Max Advantage Contract Maximum for Year 3 \$ _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;"><u>Rates:</u></th> <th style="width:20%; text-align: center;"><input type="checkbox"/> <u>2-Tier</u></th> <th style="width:20%; text-align: center;"><input type="checkbox"/> <u>3-Tier</u></th> <th style="width:20%; text-align: center;"><input type="checkbox"/> <u>4-Tier</u></th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">Employee \$ _____</td> <td style="text-align: center;">Employee \$ _____</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">EE+Spouse/Child \$ _____</td> <td style="text-align: center;">EE+Spouse \$ _____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">EE+Child(ren)/Family \$ _____</td> <td style="text-align: center;">EE+Child(ren) \$ _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Family \$ _____</td> </tr> </tbody> </table>		<u>In Network</u>	<u>Out of Network</u>	Preventive	_____ %	_____ %	Basic	_____ %	_____ %	Major	_____ %	_____ %	Contract Maximum	\$ _____	\$ _____	Deductible	\$ _____	\$ _____	Ortho	_____ %	_____ %	Ortho Max	\$ _____	\$ _____	<u>Rates:</u>	<input type="checkbox"/> <u>2-Tier</u>	<input type="checkbox"/> <u>3-Tier</u>	<input type="checkbox"/> <u>4-Tier</u>	Employee	\$ _____	Employee \$ _____	Employee \$ _____	Family	\$ _____	EE+Spouse/Child \$ _____	EE+Spouse \$ _____			EE+Child(ren)/Family \$ _____	EE+Child(ren) \$ _____				Family \$ _____	<p><u>Admin Fee (if Self-Funded):</u> ASO Admin Fee: \$ _____ or Direct Admin Fee: \$ _____ Reimbursement Schedule: Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____ Ortho Max \$ _____ Contract Max \$ _____ With SDC's Network? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<u>In Network</u>	<u>Out of Network</u>																																												
Preventive	_____ %	_____ %																																												
Basic	_____ %	_____ %																																												
Major	_____ %	_____ %																																												
Contract Maximum	\$ _____	\$ _____																																												
Deductible	\$ _____	\$ _____																																												
Ortho	_____ %	_____ %																																												
Ortho Max	\$ _____	\$ _____																																												
<u>Rates:</u>	<input type="checkbox"/> <u>2-Tier</u>	<input type="checkbox"/> <u>3-Tier</u>	<input type="checkbox"/> <u>4-Tier</u>																																											
Employee	\$ _____	Employee \$ _____	Employee \$ _____																																											
Family	\$ _____	EE+Spouse/Child \$ _____	EE+Spouse \$ _____																																											
		EE+Child(ren)/Family \$ _____	EE+Child(ren) \$ _____																																											
			Family \$ _____																																											

For groups with 2-29 eligible employees, if choosing the 3-tier rates for the Preferred or Choice Plan options, there must be at least one employee enrolled in each of the tiers to be eligible for the rates.

Buy-Up Options: Please notify your sales rep if you are selecting any of the buy-up options (*Superior Vision or COBRA offered by Ceridian*).

Approved Association/Chamber Plan Name (if applicable): _____

SDC offers plans to select chambers and associations. For a complete listing, please contact SDC. Note: All association/chamber information will be verified with designated chamber before group is installed.

Broker Information:

Selling Agent Name: _____ **Firm Name: _____
 Selling Agent Email: _____ Tax ID: _____ NPN #: _____
 Servicing Agent Name: _____ Address: _____
 Servicing Agent Email: _____ City/State/Zip: _____
 Phone: _____ Fax: _____

****Commission will be paid to the firm.**

If this is your first sale with SDC, please complete and return the Producer Appointment Information Form. Please ask your sales representative for details.

October 2011



**SUPERIOR DENTAL CARE
AUTOPAY PROGRAM**

LEADING THE WAY IN DENTAL BENEFITS

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company Name: _____ **Group Number:** _____

*We hereby authorize **SUPERIOR DENTAL CARE** to initiate debit entries to our account indicated below at the financial institution named below.*

Name on Account: _____

Account Number: _____

Type of account (circle one): CHECKING SAVINGS

Financial Institution Name: _____

Address: _____

Routing and Transit Number: _____

Please attach a copy of a voided check to ensure proper processing.

*This authorization will remain in full force and effect until **SUPERIOR DENTAL CARE** has received written notification from the **COMPANY** of intent to terminate this service in such time (30 days prior to the termination date) and in such manner as to afford **SUPERIOR DENTAL CARE** and **BANK** to act upon it.*

NAME OF AUTHORIZED PERSON: _____

SIGNATURE: _____ **DATE:** _____

Please return to:
Superior Dental Care
Attn: Finance Department
6683 Centerville Business Parkway
Centerville, OH 45459