

Please refer to your proposal to complete this information.

**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 \$ _____	

**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 26 or more enrolled employees.
- Minimum age for retiree coverage is 65 for employers with 26 to 50 enrolled employees and must be at least 50 for 51+ enrolled employees.
- 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.

**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 Participation Requirements:**

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

**Group Information**

How much will you contribute to premium? Employee \_\_\_\_\_%    Dependent \_\_\_\_\_%

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Are you offering dental coverage to retirees?  No  Yes    If yes, required age: \_\_\_\_\_    Minimum years of service: \_\_\_\_\_

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Did you have prior group dental coverage?  No  Yes  
If yes, submit most recent carrier billing with effective and termination dates.

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Did your prior dental coverage include orthodontia?  No  Yes

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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: \_\_\_\_\_

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**Thank you for choosing Humana.**