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|--|--|
| <b>Company Name</b><br><input style="width:95%;" type="text"/>             | <b>Group #</b><br><input style="width:95%;" type="text"/>                |
| <b>Authorized Group Contact</b><br><input style="width:95%;" type="text"/> | <b>Phone # (XXX) XXX-XXXX</b><br><input style="width:95%;" type="text"/> |
| <b>Broker Name</b><br><input style="width:95%;" type="text"/>              | <b>Broker #</b><br><input style="width:95%;" type="text"/>               |

## Coverage Selection

### Select one plan offering:

- All buy-up dental plans: Prepaid 1000 & 3000, PPO 3000, 3500, 4000 & 5000 WITHOUT Ortho  
 All buy-up dental plans: Prepaid 1000 & 3000, PPO 3000, 3500\*, 4000\* & 5000\* WITH Ortho  
 Voluntary Prepaid 3000

### Complete numbers 1 - 7 below:

1. Requested effective date\*\* MM/DD/YYYY
2. Total number of employees applying for dental coverage
3. Total number of COBRA eligibles applying for dental coverage
4. Percentage of employee-only premium paid by Employer  % (Employer must pay a minimum of 50%)
5. Percentage of dependent premium paid by Employer  % (write 0 if none)
6. Employer contribution is based on plan (Check one box only)
 

|                                       |                                   |                                   |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Prepaid 1000 | <input type="checkbox"/> PPO 3000 | <input type="checkbox"/> PPO 4000 |
| <input type="checkbox"/> Prepaid 3000 | <input type="checkbox"/> PPO 3500 | <input type="checkbox"/> PPO 5000 |
7. Does your group currently have dental?  Yes  No If yes, carrier name

## Guidelines and Requirements

### Plan Offering Requirements

\*PPO plans with Ortho are only available to groups with 5 or more eligible employees

\*\*For Prepaid 1000, Prepaid 3000, PPO 3000, PPO 3500, PPO 4000 and PPO 5000, application must be completed by the 25th prior to effective date.

Takeover policy for PPO 3000, PPO 3500, PPO 4000 and PPO 5000

- Groups with 1-9 eligible employees are subject to a 12 month waiting period for major services. 24 months for Ortho Benefit.
- Groups with 10+ eligible employees may apply prior coverage credit towards the waiting period by submitting the following:
  - 1) Prior dental carrier's most recent billing statement.
  - 2) Billing statement from 12 months prior (or less if coverage in force for less time). 24 months for Ortho Benefit.

### Participation Requirements

- Reconciled Quarterly/Annual Wage Report
- 1-2 Employees: 100% of all employees. All groups must include at least one dental enrolled employee who is not a business owner or spouse of business owner
- 3-100 Employees: 70% of eligible employees enrolling in CaliforniaChoice®
- Employees with other group coverage are not counted towards participation unless employer contribution is 100%

### Employer and Dependent Coverage Information

- Enrollment applications required for employees and dependents not currently enrolled with CaliforniaChoice.
- Waivers required for employees and dependents not enrolling for new dental coverage (initial waivers no longer valid).
- Plan 1000/3000 requires selection of a family dentist. Upon receipt of dental ID cards, you may elect other dentists for dependents.
- If any currently enrolled employees have terminated, please complete the "Termination Form."

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|--|--|---|
| <b>Employer Signature</b><br>→ <input style="width:95%;" type="text"/> | <b>Print Name</b><br><input style="width:95%;" type="text"/> | <b>Date (MM/DD/YYYY)</b><br><input style="width:95%;" type="text"/> |
|--|--|---|



Enrollment Information

Coverage Codes: EE = Employee Only ES = Employee & Spouse EF = Employee & Family EC = Employee & Children

| Employee Name |            | Coverage Code  | Plan | Dentist Name/Office<br>(DHMO Plans<br>Gold/Silver and Plans<br>1000/3000 only) | Dentist I.D. # |
|---------------|------------|--|------|--|----------------|
| Example:      | John Smith | <input type="checkbox"/> EE <input checked="" type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC |      | Bill Jones   | 00-DP65        |
| 1             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 2             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 3             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 4             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 5             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 6             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 7             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 8             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 9             |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 10            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 11            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
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| 21            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 22            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 23            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 24            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |
| 25            |            | <input type="checkbox"/> EE <input type="checkbox"/> ES <input type="checkbox"/> EF <input type="checkbox"/> EC            |      |  |                |

