GROUP DENTAL APPLICATION

EMPLOYER INFORMATION

Company Name ____

Address ____

City ______________________________ State ________ Zip ______________

Contact Person ______________________ Title __________ Phone ______________

Group Enrollment Census ______ = Single _______ Two Party _____ Family ______ Requested Effective Date _____ / 01 / ______

Employer Contribution ________%

Has your company ever had dental coverage with Healthplex Insurance Company, Dentcare Delivery Systems, Inc. or International Healthcare Services, Inc.? YES ☐ or NO ☐

PLEASE CHECK BILLING PERIOD: ☐ MONTHLY ☐ QUARTERLY

PLEASE SELECT A PLAN:

_____ **CapDent** - Minimum enrollment of 2 employees.

_____ **CapDent Advantage** - Minimum enrollment of 3 employees.

_____ **CapDent Advantage Plus** - Minimum enrollment of 3 employees.

NOTES:
1. There is an additional monthly premium of $10.00 for each family member in excess of five (5).
2. Coverage for all dependents ends at age 19, or age 25, if full-time student.
3. All family members must select the same CapDent general dentist.
4. Application, enrollment cards and payment must be received by the 15th of the month for coverage to begin on the first of the next month. Exceptions will only be made if the application is received between the 15th and the 20th of the current month and payment is made by direct debit, certified check, money order, credit card or wire transfer.
5. This application is subject to its acceptance in writing by Dentcare Delivery Systems, Inc.

Please make all remittances payable to: ***Dentcare Delivery Systems, Inc.***

SIGNATURE OF OFFICER	TITLE	DATE

BROKER/AGENT: ____

COMPANY: ____

ADDRESS: ______________________________ STATE: _____ ZIP: ____________

PHONE: ______________________ S.S. # /TAX ID #: ______________________

GROUP #: ______________________ SALES REP: ______________________

333 Earle Ovington Boulevard, Suite 300, Uniondale, NY 11553-3608
1-800-468-0466 * Fax 516-228-9572 * Website: www.dentcaredeliverysystems.org
Plan Administrator: www.healthplex.com