



**Application for Dental Insurance**

Dental Plan # 430806

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

- Effective Date (Must be the first of the month) \_\_\_\_\_
- Total # Eligible Employees \_\_\_\_\_
- # Participating Employees \_\_\_\_\_
- Employee eligibility waiting period \_\_\_\_\_
- # of hours worked weekly to be eligible for dental insurance \_\_\_\_\_

Insurance Broker Name / Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Select One of the Following Plan Sizes and Plan Designs:**

**2-9 EMPLOYEES** – (Based on number of employees enrolled under the plan.)

HSA Compatible 100/50/25     Traditional 100/80/50

**10-99 EMPLOYEES** – (Based on number of employees enrolled under the plan.)

HSA Compatible 100/50/25     Traditional 100/80/50

Orthodontia Rider included?     Yes  No

Contributory (75% Participation)  Yes  No

Voluntary     Yes  No

Participation load applied to rates - \_\_\_\_\_ %

Does the employer have a dental plan for their Employees Now?  Yes  No

(If employer has dental insurance immediately prior to the effective date of the BRS dental plan please submit copy of most recent billing statement.)

Who is the dental carrier now? \_\_\_\_\_

What is the termination date of the existing dental plan? \_\_\_\_\_

Sold Dental Rates: # EMPLOYEES

RATES

\_\_\_\_\_

Employee: \$ \_\_\_\_\_

\_\_\_\_\_

EE+1: \$ \_\_\_\_\_

\_\_\_\_\_

Family: \$ \_\_\_\_\_

BRS Administration Fee  Yes (Groups w/ 10 or more employees - \$10/Month)  No

Signed by insurance broker \_\_\_\_\_ Date \_\_\_\_\_

Signed by member employer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

- Attach Enrollment Forms and deposit check for first month premium made payable to BRS.
- Please submit completed paperwork 15 days prior to the effective date of the plan.

**FOR BRS USE ONLY**

BRS Member Number \_\_\_\_\_

Class Assignment \_\_\_\_\_