DELTA DENTAL® Delta Dental of Washington

DeltaCare®
Administered by Delta Dental of Washington

Application for DeltaCare® Dental Coverage

Seattle
400 Fairview Ave N Suite 800
Seattle, WA 98109-5371
(877) 404-0364

Spokane
611 N Iron Bridge Way, Suite 200
Spokane, WA 99202-0626
(800) 564-8832

Group Information

Group # (Internal Use Only)

Group Name	Phone Number	Fax Number	
Address	City	State	ZIP Code
Representative Name	Title		
Email	NAICS Code (3-4 Digit)		

Billing Information (please complete if different than Group Information)

Company Name	Phone Number	Fax Number	
Billing Address	City	State	ZIP Code
Billing Representative Name	Title		
Email			

Employee Eligibility

Effective date (Contract period will be 12 continuous months from the effective date, the Benefit Period will be the effective date through December 31st and January through December thereafter.) _____ / _____ / _____ month day year	Total Number of Eligible Employees:	Total Number of Enrolled Employees:
Coverage for non-state registered domestic partnerships ☐ Yes ☐ No	New Employee Waiting Period *(check one)* ☐ Flexible *-or-* ☐ First day of the month following: ☐ 30 ☐ 60 ☐ 90 days *-or-* ☐ _____ days following date of hire.	

Participation

Employee Participation		Dependent Participation
☐ 50% enrollment of all Eligible Employees	☐ 75% enrollment of all Eligible Employees	☐ Minimum 50% enrollment of Eligible Dependents
☐ 100% enrollment of all Eligible Employees	☐ Tied to medical	☐ Tied to medical

Program Description

DeltaCare® Plans for 100+ Employees				
Plan Name	**TMJ Coverage**	**Ortho Coverage**		**Implant Coverage**
☐ DeltaCare® 10	☐ No Coverage ☐ Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Local Ortho Plan A $1200 children/$1600 adults ☐ Local Ortho Plan B $1600 children/$2000 adults	☐ Child Only ☐ Adult & Children	N/A
☐ DeltaCare® 30	☐ No Coverage ☐ Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Local Ortho Plan A $1200 children/$1600 adults ☐ Local Ortho Plan B $1600 children/$2000 adults	☐ Child Only ☐ Adult & Children	N/A
☐ DeltaCare® Charter 10	☐ No Coverage ☐ Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Charter Ortho Plan A: $1600 children/$2000 adults ☐ Charter Ortho Plan B: $2150 children/$2350	☐ Child Only ☐ Adult & Children	N/A
☐ DeltaCare® Peak Plan	Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Peak Ortho Plan A: $1600 children/$2000 adults	Adult & Children	☐ No Coverage ☐ Implant Coverage
☐ DeltaCare® Base Plan	Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Base Ortho Plan A: $1600 children/$2000 adults	Adult & Children	☐ No Coverage ☐ Implant Coverage
DeltaCare® Plans for Group with 51-99 Employees				
Plan Name	**TMJ Coverage**	**Ortho Coverage**		**Implant Coverage**
☐ DeltaCare® Charter 10	Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Charter Ortho Plan A: $1600 children/$2000 adults	Adult & Children	N/A
☐ DeltaCare® Peak Plan	Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Peak Ortho Plan A: $1600 children/$2000 adults	Adult & Children	☐ No Coverage ☐ Implant Coverage
☐ DeltaCare® Base Plan	Surgical & Non-Surgical 50% to $1,000 Annually with $5,000 lifetime maximum	☐ No Coverage ☐ Base Ortho Plan A: $1600 children/$2000 adults	Adult & Children	☐ No Coverage ☐ Implant Coverage

Rates

Commission percentage chosen below will be incorporated into the Plan rates for groups of 100+ employees and will be included in the final Premium box located below.

☐ 0% Commission

☐ 3% Commission

☐ 5% Commission

	Plan Rates		Ortho Rates		TMJ Rates		Implant Rates		Rates Sub-Total		Number of Employees		Premium
Employee		+		+		+		=		x		=	
Employee + Spouse*		+		+		+		=		x		=	
Employee + Child(ren)		+		+		+		=		x		=	
Employee + Family**		+		+		+		=		x		=	
**Employee and Family means an Employee and any dependents.								Total		=			

*In Washington State, references to Married or Spouse apply equally to same-sex and opposite-sex spouse and to both registered and un-registered domestic partnerships.

Insurance Producer Information

Producer Name	License Number		
Company Name	Phone Number	Fax Number	
Address	City	State	ZIP Code
Email			

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Delta Dental of Washington reserves the right to audit any information provided herein for compliance and accuracy.

Company Representative/Title *(Please Print)*	Signature	Date
Insurance Producer/Title *(Please Print)*	Signature	Date