Delta Dental of Washington

DeltaCare®
Administered by Delta Dental of Washington

Application for DeltaCare® Dental Coverage

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

Group Information

Group Name	Phone Number	Fax Number	
Address	City	State	ZIP Code
Representative Name	Title		
Tax ID Number (TIN)	NAICS Code (6 Digit)		
Email			

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

New Employee Waiting Period *(check one)*: ☐ Flexible *-or-* ☐ First day of the month following: ☐ 30 ☐ 60 ☐ 90 days *-or-* ☐ _____ days following date of hire	Total Number of Eligible Employees:	Total Number of Enrolled Employees:
Domestic partner coverage?: ☐ Any Domestic Partners ☐ Registered Domestic Partners		

Participation

Employee Participation (select one)	Dependent Participation
☐ 75% enrollment of all Eligible Employees ☐ 100% enrollment of all Eligible Employees	No Minimum

Program Description

Contract Effective Date: _____	Contract period will be 12 continuous months from the effective date.
The Benefit Period will be the Contract Effective Date through December 31st and January through December thereafter.	

DeltaCare® Plans for 51+ Employees			
Plan Name	**TMJ Coverage**	**Ortho Coverage**	**Implant Coverage**
☐ 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	☐ 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	☐ No Coverage ☐ Implant Coverage

Rates

Commission percentage chosen below will be incorporated into the Plan rates for groups of 51+ employees and will be included in the final Premium box located below.

☐ 0% Commission

☐ 3% Commission

☐ 5% Commission

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

Additional Producer Contact Information – Optional		
Account Manager Name	Phone Number	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