



Securian Dental
 Attn: SecurianConnect
 730 South Broadway
 Gilbert, MN 55741
 1-866-827-3318
 www.securiandental.com

Master Dental Contract Application Pooled Programs

PART A – Company Information			
Legal Company Name			Phone ()
Street Address			
City	State	Zip Code	County
Mailing Address			
Type of Coverage: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Dependents			
Effective Date:		Employer Contribution greater than 50% <input type="checkbox"/> No <input type="checkbox"/> Yes	
Eligibility probation period - First of the month following _____ Other _____			
Does your company have a dental plan? If so, please provide a copy of current billing and plan summary .		<input type="checkbox"/> Yes (Carrier Name) _____ Length of Coverage _____ <input type="checkbox"/> No	
PART B – Participation			
Total Number of Eligible Employees _____			
PART C – Dental Program			
Product Type (Choose One)		<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer Paid <input type="checkbox"/> 100/100 percent participation sold <input type="checkbox"/> Medical Lock sold <input type="checkbox"/> _____percent participation sold	
<input type="checkbox"/> Indemnity			
<input type="checkbox"/> PPO			
<input type="checkbox"/> Other			
PART D – Rates Sold			
EE	ES	EC	FM
PART E – Contract Information			
This Master Dental Contract Application shall consist of this document and the selected dental proposal _____.			
Quote ID			
AGENT OF RECORD (if any) completion of all fields is required			
Name		Agency	
Address		Phone ()	
City	State	Zip Code	
E-mail Address:			
X _____ Signature		_____ Securian Life Agent Number	

PREMIUM REMITTANCE

The first month's premium must accompany the application; checks must be made **payable to Securian Dental**. Thereafter, DeCare Dental Health International, LLC, administrator for Securian Dental Plans, must receive monthly premium payment and the corresponding statement or invoice by the first of each month.

1. Complete the Master Dental Contract Application for Pooled Programs. Retain a copy for your files.
2. Have each eligible employee complete and sign a Membership Enrollment Form.
3. Send the original Master Dental Contract Application, corresponding proposal, and completed Membership Enrollment Forms, along with the first month of premium **payable to Securian Dental** to the address on top right of page one – Attn: SecurianConnect. For questions, call 1-866-827-3318.

Please select payment option:

- ACH Automatic Check Handling**
(include ACH Authorization Form and voided check)
(ACH Premiums are reduced by .25% for this option)
- Monthly Billing**

Group Administrator:

By signing below, I verify that the information on this application is correct and that the eligible employees are, in fact, employed by my company and agree to provide substantiating evidence when requested. If issued, the contract may become null and void at the option of Securian Life if, for a period of three consecutive months, or upon renewal, the number of enrolled employees becomes less than two, or contracted participation guidelines are not met. Securian Life has permission to contact trade and bank references, access commercial and or consumer credit reporting agencies.

Securian Life will send a contract upon acceptance of the application. The contract will indicate the effective date of coverage. The contract is effective only after Securian Life has accepted this application and sent a contract to the group. The group administrator's signature does not cause the application to become effective as a contract. Any misrepresentations of submitted data will cause the contract, if issued, to be null and void at the option of Securian Life.

SIGNATURE BOX

X

Signature of Authorized Company Official

Title

Date

Please send all future correspondence to:

Group Administrator's Name (please print)

Phone Number ()

E-mail Address

Fax Number ()

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Securian Dental is underwritten by Securian Life Insurance Company and administered by DeCare Dental Health International, LLC. In California, Securian Dental is underwritten by Securian Life Insurance Company, offered through DeCare Dental Insurance Services, LLC and administered by DDHI Administrators, LLC. Securian Dental is offered under policy form series 03-30612 or a state variation thereof.