



For Delta Dental of Oklahoma Use Only:
Program No.

**APPLICATION FOR EMPLOYER AGREEMENT
(Delta Dental Patient Direct™ - Select Program)**

This Application For Employer Agreement is hereby made a part of the Delta Dental Patient Direct™ Employer Agreement, and is subject to all terms and conditions of the Agreement there of. This Application For Employer Agreement will not be accepted by Delta Dental unless completed in its entirety.

EMPLOYER NAME _____

GROUP EXECUTIVE _____

Title _____

STREET ADDRESS _____

Phone No./Fax. No. _____

E-Mail Address _____

MAILING ADDRESS _____

GROUP CONTACT _____

Phone No./Fax No. _____

E-Mail Address _____

TELEPHONE NO. () _____

FACSIMILE NO. () _____

WEBSITE ADDRESS _____

BILLING CONTACT _____

Phone No./Fax No. _____

E-Mail Address _____

FEDERAL TAX ID NO. _____

TYPE OF BUSINESS _____

SIC CODE _____

ERISA EXEMPT? Yes No

ELIG. CONTACT _____

Phone No./Fax No. _____

E-Mail Address _____

PROGRAM EFFECTIVE DATE _____

ELIGIBILITY/ENROLLMENT:

To be eligible for enrollment in the Delta Dental Patient Direct™ option of the employer's Delta Dental Select Program, an eligible employee must be at least 18 years of age and a resident of the state of Oklahoma. Enrollment of an employee's eligible dependents is voluntary.

Total Employees: _____ Minus Ineligible _____ = Total Eligible Employees _____

Explain Ineligible Employees, e.g., part-time, etc.: _____

Waiting Periods: **New Employees:** A new employee's Delta Dental Patient Direct™ program will become effective the first of the month following completion of the employer's new-hire probationary period and enrollment in the Delta Dental Patient Direct™ dental program.

New-Hire Probationary Period _____

EMPLOYEE ENROLLMENT OPTIONS: Delta Dental Patient Direct™*

* Delta Dental Patient Direct™ is a discount referral dental program, and is not insurance. This dental program is only available to employees (and their dependents) who reside in the state of Oklahoma, and treatment must be provided by properly licensed Oklahoma dentists that are members of the Delta Dental Patient Direct™ program network. Participants pay reduced prices for dental services and procedures included in the program when treatment is provided by providers participating in the Delta Dental Patient Direct™ program network.

MONTHLY RATES: _____ Employee Only _____ Employee + Spouse
_____ Employee + Children _____ Employee + Family

FINANCIAL SUMMARY: *Please complete those areas below requiring information.*

Employer Monthly Contribution to Cost of Dental Program: Employee Cost _____ % or \$ _____

(Please complete the reverse side of this Application)

PRODUCER/CONSULTANT INFORMATION: Please complete the information requested below.

Producer/Consultant _____
Agency _____
Street Address _____

Business Phone No. () _____
E-Mail Address _____

Social Security No. _____
Federal Tax ID No. _____
Mailing Address _____

Fax No. () _____
Website Address _____

HOLD HARMLESS

Delta Dental has not reviewed the employer's request for a dental program nor designed the Delta Dental Patient Direct™ dental program to meet any federal requirements for Discriminatory Employee Benefit Plans. Said program may not be in compliance with criteria established for Discriminatory Employee Benefit Plans, and employer holds Delta Dental Plan of Oklahoma harmless if said program fails to meet any such requirements.

All information above is true and correct to the best of my knowledge.

I have reviewed the program and eligibility requirements as stated in this Application for Employer Agreement and accept them.

Producer/Consultant's Signature

Employer's Authorized Signature

Date

Title

Date

Please attach enrollment forms or electronic enrollment data and a check for first month's program cost. Also, please indicate to whom the new group packet (Employer Agreement, etc.) should be shipped. Producer/Consultant Group

Note: A set of identification cards and a list of covered services will be mailed direct to employees enrolling in the Delta Dental Patient Direct™ program.