

# GROUP MASTER APPLICATION

OFFICE USE ONLY  
 Group No. \_\_\_\_\_

## PLAN SELECTION

Dental			Vision		
<input type="checkbox"/> 1000	<input type="checkbox"/> 2000	<input type="checkbox"/> 3000	<input type="checkbox"/> SM10	<input type="checkbox"/> SM20/20	<input type="checkbox"/> SM30
<input type="checkbox"/> 1000S	<input type="checkbox"/> 2000S	<input type="checkbox"/> 3000S			
<input type="checkbox"/> SM600 Southern CA	<input type="checkbox"/> SM600 Central/No. CA				

## GROUP INFORMATION (PLEASE PRINT)

Group Name		Requested Effective Date	
Street Address		City	State   ZIP
Billing Address		City	State   ZIP
Billing Contact Name (Please Print)	Billing Contact Tel.	Billing Contact Fax	Billing Contact Email
HR Contact Name (Please Print)	HR Contact Tel.	HR Contact Fax	HR Contact Email

## ENROLLMENT

	# Enrolled	Dental Rate	# Enrolled	Vision Rate	Monthly Fee	Participation	Employer Contribution
Employee Only	_____	\$ _____	_____	\$ _____	\$ _____	Total # of Employees _____	Employer pays _____ % of employees premium
Employee + 1 Dependent	_____	\$ _____	_____	\$ _____	\$ _____	Total # of Eligible Employees _____	_____ % of dependent premium
Employee + 2 or More	_____	\$ _____	_____	\$ _____	\$ _____	Total # Enrolled Employees _____	Number of Eligible Employees _____
1st Month's Remittance (Enclosed)				Total \$ _____			

Submit this signed Group Master Application, the Group Contract for PrePaid Services, all employee enrollment cards, and a check payable to SafeGuard Health Plans Inc. for the first month's prepayment fee. Your monthly fees must reach SmileSaver no later than the 20th of the month for your employees to be eligible on the first of the following month.

Employee Plan Documents to be sent to: \_\_\_\_\_  Employee Residence  Employer

Applicant Organization acknowledges that it has read and understands the terms of the Group Contract for Prepaid Dental Services ("Group Contract") attached to and made a part of this Group Master Application. This Application is subject to and conditioned upon the written acceptance by SmileSaver. Upon such acceptance by SmileSaver, the terms contained in this Group Master Application and the Group Contract attached hereto, shall constitute the agreement between the parties with respect to the subject matter thereof and shall thereafter be referred to together as the "Group Contract".

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant's Authorized Representative or Corporate Officer)

This Group Master Application and affixed Group Contract for Prepaid Services are entered into as of \_\_\_\_\_ 1st, \_\_\_\_\_, SmileSaver, by SafeGuard Health Plans, Inc. 95 Enterprise, Suite 100, Aliso Viejo, CA 92656-2605

Signature: \_\_\_\_\_  
 Name: Robin Muck  
 Title: President

## AGENT INFORMATION

PRODUCING AGENT: _____	CODE: _____
ADDRESS: _____	
PHONE: _____	FAX: _____
AGENT SIGNATURE: _____	DATE: _____
GENERAL AGENT (If Applicable): _____	CODE: 20046