



## EMPLOYER BENEFIT AUTHORIZATION – SAFEGUARD DENTAL

<b>Employer Name:</b>			
<b>Contact Name:</b>		<b>Principle Name:</b>	
<b>Plan Name:</b>		<b>Principle Title:</b>	
<b>Effective Date:</b>		<b>Federal Tax ID #</b>	

### IN-NETWORK / OUT-OF-NETWORK BENEFIT DESIGN

<b>Plan Selected</b>	<input type="checkbox"/> 250 Ded with Ortho	<input type="checkbox"/> 250 Ded w/o Ortho	<input type="checkbox"/> 500 Ded with Ortho	<input type="checkbox"/> 500 Ded w/o Ortho
<b>EE Deductible (Circle One) 2x Family</b>	\$0 \$25 \$50 \$100 Other:	\$0 \$25 \$50 \$100 Other:	\$0 \$25 \$50 \$100 Other:	\$0 \$25 \$50 \$100 Other:
<b>Preventive Benefits</b>	100% Other:	100% Other:	100% Other:	100% Other:
<b>Basic</b>	80% Other:	80% Other:	80% Other:	80% Other:
<b>Major</b>	50% Other:	50% Other:	50% Other:	50% Other:
<b>Ortho</b>	50% Other:	N/A	50% Other:	N/A

### THREE(3) SIMPLE CHECKS TO GET YOUR NEW PLAN STARTED

<b>Check One -</b>	Check payable to Safeguard. This check will need to include; Safeguard Premium, Employees Administrative Fee, and \$25 flat monthly fee.																																				
<b>Check Two -</b>	Check payable to Ben-e-lect for the Set Up Fee of \$250. (One time fee)																																				
<b>Check Three -</b>	Check payable to Employer Elect. Follow the simple formula below for the suggested Claims Deposit Amount.																																				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>Current Monthly Premium</b></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><b>\$</b></td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">(-) minus</td> <td></td> <td></td> </tr> <tr> <td><b>New Monthly Premium</b></td> <td></td> <td style="text-align: right;"><b>\$</b></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">(-) minus</td> <td></td> <td></td> </tr> <tr> <td><b>Monthly Administrative Fee</b></td> <td></td> <td style="text-align: right;"><b>\$</b></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">(=) equals</td> <td></td> <td></td> </tr> <tr> <td><b>Subtotal</b></td> <td></td> <td style="text-align: right;"><b>\$</b></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">(x2) times 2</td> <td></td> <td></td> </tr> <tr> <td><b>Deposit Amount (min \$1,000)</b></td> <td></td> <td style="text-align: right;"><b>\$</b></td> <td></td> </tr> </table>	<b>Current Monthly Premium</b>		<b>\$</b>			(-) minus			<b>New Monthly Premium</b>		<b>\$</b>			(-) minus			<b>Monthly Administrative Fee</b>		<b>\$</b>			(=) equals			<b>Subtotal</b>		<b>\$</b>			(x2) times 2			<b>Deposit Amount (min \$1,000)</b>		<b>\$</b>	
<b>Current Monthly Premium</b>		<b>\$</b>																																			
	(-) minus																																				
<b>New Monthly Premium</b>		<b>\$</b>																																			
	(-) minus																																				
<b>Monthly Administrative Fee</b>		<b>\$</b>																																			
	(=) equals																																				
<b>Subtotal</b>		<b>\$</b>																																			
	(x2) times 2																																				
<b>Deposit Amount (min \$1,000)</b>		<b>\$</b>																																			

There is a monthly PEPM administrative fee (see your proposal or agent for details); there is a one-time set up fee of \$250 to start the Ben-e-lect plan. Additionally, there is a \$100 renewal fee that will be charged at the end of each year.

Please complete all of the information requested before signing this authorization. Please initial any changes. This is an application only. Coverage and the issuance of an Administrative Agreement are subject to review and approval by Ben-e-lect.

<b>Officer of the Company's Signature:</b>		<b>DATE:</b>
--	--	--------------