

LOUISIANA DENTAL ASSOCIATION

Underwritten by:



**NIPPON LIFE INSURANCE
COMPANY OF AMERICA**
650 8th Street
Des Moines, Iowa 50309

SPONSORED
MAJOR MEDICAL/LIFE INSURANCE PLAN
For Member Firms of Organizations Participating in LDA
GROUP APPLICATION

6/07

REQUIRED FOR ALL MEMBERS OR GROUPS CONSISTING 1 OR MORE FULL-TIME EMPLOYEES

Contact Total Plan Services, Inc. to determine specific application requirements for your group.

Upon completion, application must be signed, dated and returned to Total Plan Services, Inc. 14001 Dallas Parkway North, Suite 700, Dallas, Tx 75240

I. APPLICANT INFORMATION

NAME OF GROUP		TELEPHONE NUMBER	FAX NUMBER
GROUP ADDRESS (Street, City, State, Zip)			EMAIL ADDRESS
GROUP CONTACT	REQUESTED EFFECTIVE DATE	NUMBER OF FULL-TIME EMPLOYEES (minimum 20 hours/week)	
THIS REQUEST FOR INSURANCE IS TO REPLACE COVERAGE BY:		POLICY NUMBER	

II. MAJOR MEDICAL PLAN

BENEFIT OPTION SELECTION: Firms of one or more employees may select up to two benefit options or two deductibles per calendar year. Criteria for employee/deductible classifications are at the employer's discretion.

<p>HIGH DEDUCTIBLE HEALTH PLAN (Qualifies for use with an HSA) 100% In-Network 80% Out-of-Network <u>CALENDAR YEAR DEDUCTIBLE</u></p> <p><input type="checkbox"/> \$2,600 Individual \$5,200 Family Aggregate <input type="checkbox"/> \$5,000 Individual \$10,000 Family Aggregate</p>	<p>HIGH DEDUCTIBLE HEALTH PLAN (Qualifies for use with an HSA) 80% In-Network 60% Out-of-Network <u>CALENDAR YEAR DEDUCTIBLE</u></p> <p><input type="checkbox"/> \$1,500 Individual \$3,000 Family Aggregate <input type="checkbox"/> \$2,600 Individual \$5,200 Family Aggregate</p>	<p><input type="checkbox"/> PREMIER COPAY PLAN 80% In-Network 60% Out-of-Network <u>CALENDAR YEAR DEDUCTIBLE</u></p> <p>Plan I: Individual <input type="checkbox"/> \$500/\$500 Plan II: Individual <input type="checkbox"/> \$750/\$750 Plan III: Individual <input type="checkbox"/> \$1,000/\$1000 Plan IV: Individual <input type="checkbox"/> \$2,000/\$2000 Plan V: Individual <input type="checkbox"/> \$2,500/\$2500</p>	<p><input type="checkbox"/> BASIC COPAY PLAN 70% In-Network 50% Out-of-Network <u>CALENDAR YEAR DEDUCTIBLE</u></p> <p>Plan I: Individual <input type="checkbox"/> \$500/\$1,000 Plan II: Individual <input type="checkbox"/> \$750/\$1,500 Plan III: Individual <input type="checkbox"/> \$1,000/\$2,000 Plan IV: Individual <input type="checkbox"/> \$2,000/\$4,000 Plan V: Individual <input type="checkbox"/> \$2,500/\$5,000</p>
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- Select NETWORK DESIRED (applies to all employees and their dependents participating in your group plan): PHCS
- Select EMPLOYEE ELIGIBILITY WAITING PERIOD: 30 DAYS 60 DAYS 90 DAYS OTHER _____
- PRIOR COVERAGE INFORMATION: Does this group currently have a group insurance plan for employees or did it have such a plan in the past 63 days? YES NO Termination date of prior plan: _____
- BILLING OPTIONS: Monthly draft (requires pre-authorized checking (PAC) form) Monthly Premium Notice

SPONSOR AGREEMENT

As a Sponsor under the Group Policy, issued by Nippon Life Insurance Company of America to the Louisiana Dental Association, the above named association agrees to:

- Provide for the enrollment of employees eligible for group insurance under such policy;
- Provide information required by the Louisiana Dental Association and the Benefit Services Manager (Total Plan Services, Inc.) with respect to employees requesting such insurance;
- Provide payroll deduction facilities for collection of any required contributions toward the premiums payable under such policy;
- Remit all amounts payable toward the premiums to Total Plan Services, Inc.;
- Sponsor will remain an active Association member working at least 30 hours per week.

It is understood that Nippon Life Insurance Company of America must approve this association's participation in the program and that all insurance shall be subject to the terms and conditions of the group policy.

Agreed to by:

GROUP NAME: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

AGENT SIGNATURE: _____ DATE: _____

Please return this completed form to: Total Plan Services, Inc.
Phone: 1-800-969-5238

Louisiana Dental Association Plan Administrator
14001 Dallas Parkway North, Suite 700,
Dallas, Tx 75240

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

