OraQuest Dental Plans

Application for Group Dental Service

Please complete this form by printing in ink or typing

Application is hereby made to OraQuest Dental Plans (OraQuest), by the Applicant named below (Organization), for the purpose of making available certain dental services and benefits to all eligible individuals represented by Organization. The arrangement for such services and benefits shall be subject to the Group Dental Service Agreement, Certificate of Coverage, and Schedule of Benefits attached hereto, and together these documents shall constitute the "Agreement".

Group Name _____ Proposed Effective Date _____

Address _____ _____ _____ _____

Phone _____ Fax _____ ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Tax ID # _____ Email Address _____ Tier Structure _____

Nature of Business _____ Total Eligible Employees _____

Benefits Administrator _____

A/P Contact _____

President _____

The monthly prepayment fee (as shown below) for each covered employee is due and payable from the Organization to OraQuest beginning on the date specified above as the effective date, and on the first day of each month this contract remains in force. The monthly rates shown below are guaranteed for one year.

Plan: **Premier 110-01** Contract #: _____

Number of Employees to be Covered		Monthly Rates
_____	Employee Only (EE)	$
_____	Employee & Spouse (ES)	$
_____	Employee & Child(ren) (EC)	$
_____	Employee & Family (EF)	$
_____	Total Covered Employees	

For FCL dual option complete separate form

Initial Premium Calculation

of EE employees times monthly rate = $ _____

# of ES employees times monthly rate = $ _____

# of EC employees times monthly rate = $ _____

# of EF employees times monthly rate = $ _____

Total Initial Premium $ _____

It is understood and agree as follow: 1) No coverage is effective until approved by OraQuest at it's Home Office in Sugar Land, Texas; and 2) No agent has the authority to waive any of the Company's rights or requirements, or to make or alter any contract or policy.

Signature of Applicant Date

Signature of Agent Date

Print Name & Title

Signature of Other Agent(s) Date

Agent's Name / License Number

Agent's Name / License Number

Agent's Name / License Number

Deliver Membership Information to: O Agent O Benefits Manager