

**LEADING THE WAY IN DENTAL BENEFITS**

**General Information:**

Name of Group: \_\_\_\_\_ (DBA) \_\_\_\_\_ Total Employees: \_\_\_\_\_  
 # of Eligible Employees: \_\_\_\_\_  
 Address: \_\_\_\_\_ Group Tax ID#: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Industry: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contacts:** (please include titles)

Administration: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Enrollment: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Superior Direct Connect: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Billing: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

To sign up for Superior Direct Connect, our online account management system, please go to our website at [superiordental.com](http://superiordental.com)

Automatic Deduction of Fees / Premiums, please complete the form on the back and attach a voided check.

**Eligibility Information:** Dependents are covered to the maximum age of: \_\_\_\_\_ (SDC permits up to age 26 through the end of the **birth month**).

**Contribution Level:** Employer Pays: \_\_\_\_\_ EE Pays: \_\_\_\_\_

**Effective Date:** \_\_\_\_\_  
**Renewal Date:** \_\_\_\_\_

**SDC-Kids plan:**

- Low Plan
- High Plan



**Network Option:**

- Open Access (In & Out of Network)
- Point of Service
- Network Only

**Funding Option:**

- Fully-Funded
- Self-Funded

**Max Advantage:**

- Yes

**Superior Vision\*:**

**Plan #:** \_\_\_\_\_

- Tied to Dental
- Employer Paid
- Voluntary

Based on the SDC rate sheet and plan options available, please complete the information below. If one plan has been selected, please list the plan information in the first column below. If 2 or 3 plans are selected, please use the columns below starting with the first.

**Plan design:**

Preventive \_\_\_\_\_  
 Basic \_\_\_\_\_  
 Major \_\_\_\_\_  
 Contract Maximum \$ \_\_\_\_\_  
 Max Adv Yr. 2 \$ \_\_\_\_\_  
 Max Adv Yr. 3 \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_  
 Copay \$ \_\_\_\_\_  
 Ortho \_\_\_\_\_  
 Ortho Max \$ \_\_\_\_\_

**Plan:**

In Network / Out of Network  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \$ \_\_\_\_\_

**Plan:**

In Network / Out of Network  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
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 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \$ \_\_\_\_\_

**Plan:**

In Network / Out of Network  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_ % / \_\_\_\_\_ %  
 \$ \_\_\_\_\_

**Vision Rates\*:**

Employee \$ \_\_\_\_\_  
 EE+Spouse \$ \_\_\_\_\_  
 EE+Child(ren) \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_

Employee \$ \_\_\_\_\_  
 EE+Spouse \$ \_\_\_\_\_  
 EE+Child(ren) \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_

**Dental Rates:**

Employee \$ \_\_\_\_\_  
 EE+Spouse \$ \_\_\_\_\_  
 EE+Child(ren) \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_

Employee \$ \_\_\_\_\_  
 EE+Spouse \$ \_\_\_\_\_  
 EE+Child(ren) \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_

**Admin fee (if Self-Funded):**

**ASO** Admin Fee: \$ \_\_\_\_\_

or

**Direct** Admin Fee: \$ \_\_\_\_\_

**Reimbursement Schedule:**

Level 1 \_\_\_\_\_

Level 2 \_\_\_\_\_

Level 3 \_\_\_\_\_

Level 4 \_\_\_\_\_

Ortho Max \$ \_\_\_\_\_

Contract Max \$ \_\_\_\_\_

With SDC's Network?  Yes  No

\*Your group must be enrolled in an active SDC dental plan in order to be eligible for a Superior Vision plan.

**Approved Association/Chamber Name** (if applicable): \_\_\_\_\_

SDC offers plans to select chambers and associations. For a complete listing, please contact SDC. Note: All association/chamber information will be verified with the designated chamber before the group is installed.

**Broker Information:**

\*\*Firm Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPN#: \_\_\_\_\_

Selling Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Servicing Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I agree the commission quoted on the proposal rate sheet is accurate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to the standard commission for this community rated plan. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Commission will be paid to the firm.

If this is your first sale with SDC, please complete and return the Producer Appointment Information Form. Please ask your sales representative for details.

11.12.19