

2020 Washington Small Group Dental Enrollment Application

Use this form to add dental coverage when your group already offers a small group medical plan with Kaiser Foundation Health Plan of the Northwest. Otherwise, use the Washington Small Business Employer Application.

Group name _____ Group number _____

Dental contract effective date _____ Medical plan renewal date _____

Contract and billing information

Person to whom billing statement should be mailed _____

Phone _____

Email _____

Billing mailing address _____

City _____

State _____

ZIP _____

Person to whom contract should be mailed _____

Phone _____

Email _____

Contract mailing address Same as billing _____

City _____

State _____

ZIP _____

Employer contribution information

Total monthly employer contribution to: _____ % _____ %
Employee Dependents

Pediatric dental plan options (18 and younger)

Please select your required pediatric dental plan from the choices below. We understand you may have acquired pediatric dental coverage from another carrier. Please select a plan in order to cover employees and/or dependents who may waive the alternate coverage.

KP WA Choice 100 + Ortho Pediatric Dental Plan KP WA Choice 100 Pediatric Dental Plan

Adult dental plan options (19 and older)

TRADITIONAL ADULT ONLY PLAN OPTIONS

- | | |
|---|---|
| <input type="checkbox"/> KP WA Adult Traditional 80 — \$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$100 Ded/\$1500 Max |
| <input type="checkbox"/> KP WA Adult Traditional 80 — \$50 Ded/\$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$1500 Max + Ortho |
| <input type="checkbox"/> KP WA Adult Traditional 80 — \$100 Ded/\$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$2000 Max |
| <input type="checkbox"/> KP WA Adult Traditional 80 — \$1000 Max + Ortho | <input type="checkbox"/> KP WA Adult Traditional 100 — \$50 Ded/\$2000 Max |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$100 Ded/\$2000 Max |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$50 Ded/\$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$2000 Max + Ortho |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$100 Ded/\$1000 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$50 Ded/\$2500 Max |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$1000 Max + Ortho | <input type="checkbox"/> KP WA Adult Traditional 100 — \$100 Ded/\$2500 Max |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$1500 Max | <input type="checkbox"/> KP WA Adult Traditional 100 — \$2500 Max + Ortho |
| <input type="checkbox"/> KP WA Adult Traditional 100 — \$50 Ded/\$1500 Max | |

PPO ADULT ONLY PLAN OPTIONS

- KP WA Adult Choice 80 — \$50 Ded/\$1000 Max
- KP WA Adult Choice 80 — \$100 Ded/\$1000 Max
- KP WA Adult Choice 80 — \$1000 Max + Ortho
- KP WA Adult Choice 100 — \$50 Ded/\$1000 Max
- KP WA Adult Choice 100 — \$100 Ded/\$1000 Max
- KP WA Adult Choice 100 — \$1000 Max + Ortho
- KP WA Adult Choice 100 — \$50 Ded/\$1500 Max
- KP WA Adult Choice 100 — \$100 Ded/\$1500 Max

- KP WA Adult Choice 100 — \$1500 Max + Ortho
- KP WA Adult Choice 100 — \$50 Ded/\$2000 Max
- KP WA Adult Choice 100 — \$100 Ded/\$2000 Max
- KP WA Adult Choice 100 — \$2000 Max + Ortho
- KP WA Adult Choice 100 — \$50 Ded/\$2500 Max
- KP WA Adult Choice 100 — \$100 Ded/\$2500 Max
- KP WA Adult Choice 100 — \$2500 Max + Ortho

PPO FAMILY PLAN SELECTION

- KP WA Adult Choice 100 + Child Ortho

Producer of record verification

Producer

Agency

Signature of principal/corporate officer

Date

I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

Representation Regarding Waiting Periods

Group hereby represents that Group does not impose a waiting period exceeding 90 days on employees who meet Group’s eligibility requirements. For purposes of this requirement, a “waiting period” is the period that must pass before coverage for an individual who is otherwise eligible to enroll under the terms of a group health plan can become effective, in accord with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

In addition, Group represents that eligibility data provided by the Group to Company will include coverage effective dates for Group’s employees that correctly account for eligibility in compliance with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

