☐ KP WA Adult Traditional 100 — \$50 Ded/\$1500 Max



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	
			710
Billing mailing address	City	State	ZIP
Person to whom contract should be mailed	Phone	Email	
Contract mailing address	City	State	ZIP
Employer contribution information			
Total monthly employer contribution to:Employee		%	
Pediatric dental plan options (18 and younger)			
Please select your required pediatric dental plan from have acquired pediatric dental coverage from anothe employees and/or dependents who may waive the ELL KP WA Choice 100 + Ortho Pediatric Dental Plan			
Adult dental plan options (19 and older)			
TRADITIONAL ADULT ONLY PLAN OPTIONS			
 □ KP WA Adult Traditional 80 — \$1000 Max □ KP WA Adult Traditional 80 — \$50 Ded/\$1000 Max □ KP WA Adult Traditional 80 — \$1000 Ded/\$1000 Max □ KP WA Adult Traditional 80 — \$1000 Max + Ortho □ KP WA Adult Traditional 100 — \$1000 Max □ KP WA Adult Traditional 100 — \$50 Ded/\$1000 Max □ KP WA Adult Traditional 100 — \$100 Ded/\$1000 Max □ KP WA Adult Traditional 100 — \$1000 Max + Ortho □ KP WA Adult Traditional 100 — \$1500 Max 	 □ KP WA Adult Tradition 	al 100 — 9	\$1500 Max + Ortho \$2000 Max \$50 Ded/\$2000 Max \$100 Ded/\$2000 Max \$2000 Max + Ortho \$50 Ded/\$2500 Max \$100 Ded/\$2500 Max

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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 — \$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 insurance company for the purpose of defrauding t fines, and denial of insurance benefits.	
Representation Regarding Waiting Periods	
Group hereby represents that Group does not impo employees who meet Group's eligibility requiremen	

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.

