

GROUP APPLICATION

www.DentalandVisionIns.com Wolfpack Insurance Services, Inc. 800-296-0192

For use in enrolling in the Small Business Benefit Plan Trust Dental and/or Vision Plans.

Company Name:		Desired Effective Date:
Address:		
City:	State: CALIFORNIA	Zip:
Telephone:		
Company Contact:		Contact Email:
Percentage of Employer Paid Premium: EE: _____ Dep: _____		Type of Group: Corporation Proprietorship Partnership
New Employees will be eligible the first of the month after: 0 30 60 90 120 180 or _____ days		Nature of Business:

Coverage Applied for: <small>If more than two plans are offered, please indicate which plan a member selected on a separate sheet.</small>	Delta Dental Plan Name:	D&P Maximum Waiver? Yes No
		Include Ortho? Yes No
	Vision Service Plan Name:	Voluntary VSP? Yes No

Please indicate which COBRA regulations your group is subject to for the current year: CAL COBRA or Federal COBRA.

Prior Dental Carrier: _____ To waive the waiting period, Please include a copy of the last month's invoice

Total number of active eligible Employees:	Total number of ineligible Employees:	Please supply a copy of your latest state wage and earnings report.
Total number of enrolling Employees:	Number of enrolling COBRA members: <small>Please list the termination date of benefits on a separate sheet</small>	

Premium Calculation				Agent Information
Number of Employees by category	Dental Rate	Vision Rate	Total	Agent and Agency Name
EE Only				Address
EE + Spouse				City State Zip
EE + One Child				Wolfpack Agent Identification Number
EE + Two or More Children				Signature and Date
EE + Family				Phone Number
Administration Fee, \$10 per month (waived for groups of 20+) Sign up for Email Invoice and Auto Pay to eliminate this fee.				Group wallet cards and certificates are mailed to the agent for delivery. Please indicate if you wish us to mail the approval package directly to the group. Please mail approval package directly to the group
Total Due (check payable to Small Business Benefit Plan Trust)				

Please continue on Page 2

Administration by: Wolfpack Insurance Services, Inc. License # 0814789

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800-296-0192 Fax 650-591-4022 PO Box 156 425 Harbor Blvd Suite 2C Belmont CA 94002

Groups that enroll in Email receipt of Invoice and Auto Pay will have the \$10.00 monthly administration eliminated. This fee is waived for groups enrolling 20 or more.

Set up Email receipt of monthly invoices.

We will email your regular premium invoice to you instead of sending it through the US Postal Service. All other notices will be mailed to your mailing address.

Yes, email the invoices to: _____

cc: _____

No, please mail the invoices through the US Postal Service

Set up Auto Pay from your checking or savings account.

By selecting this option, I (we) hereby authorize Wolfpack Insurance Services Inc. to charge the applicable monthly dues to my account designated below. I understand that coverage will only become and remain effective if there are sufficient funds at the time of the deduction. This authority to deduct funds from my account is to remain in full force and effect until I notify Wolfpack Insurance Services Inc. in writing 30 days prior to termination. (My bank is authorized to make corrections if any should be necessary.) Automatic draft failures (insufficient funds, bank account no longer valid) are subject to a \$15.00 fee. Funds are drafted on the 25th of the month prior to the month of coverage. We will send an invoice to you before the draft occurs. The amount due shown on the invoice will be drafted on the 25th.

Yes, Please set up an automatic draft of the premium.

No, I will send a monthly check.

Bank Name: _____

Type of Account Checking or Savings

This is a Business/Company Account; or an Individual Account.

Please verify the account and routing number with your bank if you have any questions.

ABA Routing number (First nine digit number on left hand bottom of your check): _____
(Please call your bank if you have questions on this number.)

Account Number (Second series of numbers on the bottom of the check): _____



Initial premium

Please draft the initial premium and fees from the above account.

Check for initial premium is enclosed.

I hereby apply for coverage for the employer of the above firm through the Small Business Benefit Plan Trust. I apply for membership and I agree to the terms and conditions of the trust. I understand that the minimum group size is two or more unrelated employees. The minimum participation is 75% of the eligible employees and the minimum employer contribution is 50% of the employee premium. (Participation and contribution minimums do not pertain to the voluntary vision plans) I agree to act as the administrator for COBRA regulations and distribute forms to eligible parties. I certify the information on this form is correct, and understand the coverage does not take effect until the first of the month after the application is accepted by the benefit company.

Signature: _____ Title: _____ Date: _____

Please list only employees and dependents who are to be covered. **Unmarried dependent children are eligible until the end of the month in which they attain the age of 26.** Unless noted we will assume all employees and dependents have chosen the same benefits as reflected on the employer side of this application.

Company Name: _____

Employee #1 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First Name		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 1								
Employee #2 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 2								
Employee #3 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 3								
Employee #4 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 4								
Employee #5 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 5								
Employee #6 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 6								
Employee #7 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 7								

Employee #8 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 8								
Employee #9 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 9								
Employee #10 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 10								
Employee #11 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 11								
Employee #12 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 12								
Employee #13 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 13								
Employee #14 First Name		Last Name		Gender	Born (mm-dd-yyyy)		Social Security Number	
Address				City			State	Zip
Spouse or Domestic Ptrn First		Last Name		Gender	Born (mm-dd-yy)		Child 1 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Child 2 First Name		Last Name		Gender	Born (mm-dd-yy)		Child 3 First Name	
							Last Name	
							Gender	Born (mm-dd-yy)
Plan EE 14								