



Rayant Insurance Company of Pennsylvania
A Horizon Company

PENNSYLVANIA APPLICATION FOR EMPLOYER DENTAL BENEFITS POLICY

Send Correspondence to:
Rayant - Dental Programs
3 Penn Plaza East PP-03K
Newark, NJ 07105-2200
1-888-667-4547
www.rayant.com

Please print or type New Policy Change in Policy Policy No. _____ Requested Effective Date _____

SECTION 1: POLICYHOLDER INFORMATION

1. Policyholder (full legal name of company): _____
2. Tax Identification Number: _____
3. Main Address: _____
STREET CITY STATE ZIP CODE COUNTY
Mailing Address (Billing): _____
STREET CITY STATE ZIP CODE
Telephone: _____ Facsimile: _____
4. Name of Company Official: _____ Title: _____
5. Type of Organization: Corporation Partnership Proprietorship Other (explain): _____
6. Nature of Business (specify): _____ SIC Code: _____
7. Number of eligible employees in your company: _____
(Eligible employees are those who work at least 25 hrs. per week)
8. Number of eligible employees to be insured: _____
9. Class or classes to be excluded: _____

10. Insurance requested for: Employees Only Employees and Dependents

11. Are you subject to the requirements of COBRA? Yes No

12. Waiting period before new/rehired employees become insured: (may not exceed 6 months) Present: _____ New: _____

13. What percentage of the premium will the employer pay? _____ 14. Deposit \$ _____

Premium Paid: Monthly Quarterly Automatic checking withdrawal

The premium for the first month of coverage must be attached. Premium will be due as of the effective date.

SECTION 2: SPECIFICATION OF COVERAGE (Dental Benefits Selection)

SECTION 3: SPECIFICATION OF PLAN

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Rayant Dental Option | 3. <input type="checkbox"/> Rayant Dental PPO Access | <input type="checkbox"/> Rayant Insurance Company of Pennsylvania |
| 2. <input type="checkbox"/> Rayant Dental PPO | 4. <input type="checkbox"/> Other | |

SECTION 4: ALL QUESTIONS MUST BE ANSWERED

a. Name of present or prior group carrier _____

Effective date of prior coverage _____ Cancellation/Termination Date _____

Is the coverage applied for in this application replacing other group insurance? Yes No

If "Yes", give reason _____

Please attach copy of the prior carrier bill received in last 90 days.

b. Has your firm been uninsured for 3 or more months prior to application? Yes No

SECTION 5: SIGNATURE

It is understood that no individual shall become insured while not actively at work on a full-time basis, and only full-time employees are eligible. A full-time employee is one who regularly works at least 25 hours per week at his employer's place of business. It is further understood that no agent has power on behalf of any of the companies identified in Section 3 ("Rayant") to make or modify any request or application for insurance or to bind Rayant by making any promise or representation or by giving or receiving any information.

It is further understood that no insurance will be effective unless and until the application is accepted in writing by Rayant. No contract of insurance is to be implied in any way on the basis of the completion and or submission of this application.

Any person who knowingly files a statement of claim, application for insurance, enrollment form, or certification containing any false or misleading information may be subject to criminal and civil penalties.

Print name of Officer, Partner, or Owner

Signature of Officer, Partner, or Owner

Dated at _____ on _____

Witness to Signature

Note: If there are any modifications to the statements and answers given in this application (i.e., crossed out, whited-out, erased information), the applicant must attest to the modifications by giving a complete signature in the margin near the modification.

FRAUD WARNING: Any person who knowingly and with intent to fraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

