

AGENT/PRODUCER INFORMATION (THIS INFORMATION MUST BE ANSWERED COMPLETELY)

_____	_____	_____
BROKER SIGNATURE	DATE	VENDOR NUMBER
BROKER-NAME	NAME OF AGENCY	TELEPHONE NUMBER
STREET	CITY	STATE ZIP CODE
OTHERS (NAME, TITLE)		
SPECIAL INSTRUCTIONS		

FOR INTERNAL GROUP DENTAL ENROLLMENT USE

Coverage Code	c/o													
TOTAL APPLICATIONS SUBMITTED														
TRANSFER FROM GROUP # _____														
REFUSALS/WAIVERS LISTING ATTACHED (IF APPLICABLE)														
EMPLOYER CONTRIBUTION														
EFFECTIVE DATE														
FUTURE RATE RENEWAL DATE														
<table style="width:100%; margin-top: 20px;"> <tr> <td style="width:50%; text-align:center; vertical-align:bottom;">_____</td> <td style="width:20%; text-align:center; vertical-align:bottom;">_____</td> <td style="width:30%; text-align:center; vertical-align:bottom;">_____</td> </tr> <tr> <td align="center">SALES ASSOCIATE SIGNATURE</td> <td align="center">DATE</td> <td align="center">ITEM NUMBER</td> </tr> <tr> <td>APPROVED BY: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td align="center">SALES ADMINISTRATION SIGNATURE</td> <td align="center">TITLE</td> <td align="center">DATE</td> </tr> </table>			_____	_____	_____	SALES ASSOCIATE SIGNATURE	DATE	ITEM NUMBER	APPROVED BY: _____	_____	_____	SALES ADMINISTRATION SIGNATURE	TITLE	DATE
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