



Horizon Blue Cross Blue Shield of New Jersey

Small Employer Dental Group Application Instructions

Instructions The attached form should be completed with the assistance of your authorized Broker.

Please complete all necessary forms in their entirety. Please print in ink or type your responses. Ensure that all areas requiring a **signature and date are complete.**

Completed enrollment application forms should be sent to your authorized Broker prior to your effective date.

Application Attached you will find the Application for a Small Employer Dental Benefits Policy that must be completed and submitted for each New Jersey small employer group applying for dental coverage.

**Other
Required
Documents**

When submitting your paperwork as required above, you must submit the following:

- Enrollment Change / Request Form (#6803) – One form is needed for each employee enrolling. Your authorized Broker will provide these forms.
- First month's premium – All new cases must be submitted with a company check for the first check, the case will be returned.

If you select the automatic checking withdrawal option, you must also submit an Automatic Pay Plan Application (#8977).

**Horizon
Healthy
Smiles**

For the Horizon Healthy Smiles plans there is a 6 month waiting period for basic restorative services and a 12 month waiting period for onlays and crowns, endodontics, periodontics and prosthodontics. To waive the waiting periods, you must provide the name of your dental carrier and the dental group number of your creditable dental coverage that is active on the day you submit your application. Creditable dental coverage is a dental plan that provides full dental coverage. It does not include a pediatric dental plan that only provides benefits for members under age 19, a dental discount plan or a preventive only dental plan.

**Mailing
Instructions**

Please send the completed paperwork and attachments to:

Horizon Blue Cross Blue Shield of New Jersey
Three Penn Plaza East PP-13T
Newark, NJ 07105-2200



Horizon Blue Cross Blue Shield of New Jersey



APPLICATION FOR A SMALL EMPLOYER DENTAL BENEFITS POLICY

Horizon Blue Cross Blue Shield of New Jersey
Dental Programs
3 Penn Plaza East PP-13T
Newark, NJ 07105-2200
1-800-4-DENTAL

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

SECTION I: POLICYHOLDER INFORMATION

1. Policyholder (full legal name of company): _____

2. Tax Identification Number: [] [] [] [] [] [] [] [] [] [] e-mail Address: _____

3. Main Address: _____
STREET CITY STATE ZIP CODE COUNTY

Mailing Address (Billing): _____
STREET CITY STATE ZIP CODE COUNTY

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: _____ 8. Number of eligible employees to be insured: _____

(Eligible employees are those who work at least 25 hrs. per week)

9. Class or classes to be excluded: _____

10. Insurance requested for: Employees Only Employees and Dependents
Should the plan provide coverage for domestic partners as permitted by P.L. 2003, c. 246? Yes No

11. Is the employer subject to the requirements of COBRA? Yes No

12. Waiting period before employees become insured: (may not exceed 6 months) Present Employees: _____ New or Rehired Employees: _____

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

Premium Paid: Monthly Automatic checking withdrawal

The premium for the first month of coverage must be attached.

Premium will be due as of the effective date.

SECTION II: SPECIFICATIONS FOR COVERAGE

Pediatric Dental and Family Pediatric Dental (check one) Marketplace certified

Horizon Young Grins Stand Alone Pediatric Dental (SAPD) (only provides benefits for members under age 19)

Horizon Family Grins

Horizon Family Grins Plus

Family Dental

Horizon Dental Option* Horizon Dental Companion Horizon Healthy Smiles**

Horizon Dental PPO* Horizon Dental Choice Horizon Healthy Smiles Plus**

Horizon Dental PPO Access

* If a Horizon Dental Option or Horizon Dental PPO plan is selected, please provide copy of prior carrier bill. If prior carrier bill is not received, group will be subject to 6 month wait before becoming eligible for major services and orthodontic services (if applicable). Prior dental coverage does not include a dental discount plan.

**If a Horizon Healthy Smiles plan is selected, please answer the following questions:

Does the employer currently have dental coverage? Yes No

If yes, please provide the following:

Dental Carrier Name: _____ Dental Group #: _____

Is the dental coverage a pediatric dental only plan, a dental discount plan or a preventive only plan? Yes No

SECTION III: 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 60 days.

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

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.

SECTION IV: 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 Horizon Blue Cross Blue Shield of New Jersey, Inc. to make or modify any request or application for insurance or to bind Horizon Healthcare Dental, Inc. on behalf of Horizon Blue Cross Blue Shield of New Jersey, Inc. 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 Horizon Blue Cross Blue Shield of New Jersey, Inc. 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

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	_____		
_____		DATE	ITEM NUMBER
APPROVED BY:	SALES ADMINISTRATION SIGNATURE	TITLE	DATE

Services and products may be provided by Horizon Blue Cross Blue Shield of New Jersey, Horizon Healthcare of New Jersey, Inc., Horizon Healthcare Dental, Inc., and products and policies may be provided by Horizon Insurance Company, each of which is an independent licensee of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association.

The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2013 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105-2200.