

ELIGIBILITY PROVISIONS

To provide excellent and responsive customer service and maintain a favorable cost structure, the Plan offers the following standard choices of eligibility provisions. Adherence to eligibility provisions is the responsibility of the Employer Group, and failure to do so could result in loss of benefits up to and including, termination of coverage. The Plan monitors Employer Administration of eligibility provisions through periodic audit and review of membership. Eligibility provisions may be changed at renewal.

CATEGORIES OF ELIGIBILITY

| Yes | No | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Actively-at-work Employees must meet minimum hour requirement of _____ hours per week (20-40 hours is the Plan standard) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent Spouse |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent Children to age 19 |
| <input type="checkbox"/> | <input type="checkbox"/> | Overage Dependent Children to age 24 (must be IRS dependent and full-time student or disabled) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees are eligible to continue group coverage while on an Employer approved medical or personal leave of absence for _____ months (maximum 6 months) |

COMMENCEMENT OF COVERAGE

| | | | | | | | | | | | |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|----------|
| Newly Hired/Newly Eligible Employees: | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 1 st of month following: <i>(check one)</i> | <input type="checkbox"/> | 0 days | <input type="checkbox"/> | 30 days | <input type="checkbox"/> | 60 days | <input type="checkbox"/> | 90 days | <input type="checkbox"/> | 120 days |
| from date of hire/attainment of eligibility | | | | | | | | | | | |
| <input type="checkbox"/> | Other _____ | | | | | | | | | | |
| Newly Eligible Dependents: | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Must submit signed application within 30 days of Qualifying Event (see Group Administrative Manual for details) | | | | | | | | | | |

TERMINATION OF COVERAGE

| | |
|-------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Last day of the month in which the Employee ceases to be eligible. |
|-------------------------------------|--------------------------------------------------------------------|

RENEWAL DATE

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|-----------------------------|-------|---------------------------|-------|------------|-------|-----------------------------|-------|------------------|--|--|-------|----------------|--|--|-------|------------|--|--|-------|------------------|--|--|
| Coverage Renewal: | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Renewal date is the 1st day of the month and year of: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">_____</td> <td style="width: 50%; border-bottom: 1px solid black;">Prepaid Dental</td> <td style="width: 50%; border-bottom: 1px solid black;">_____</td> <td style="width: 50%; border-bottom: 1px solid black;">Prepaid Orthodontia Rider</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">PPO Dental</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">Indemnity Orthodontia Rider</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">Indemnity Dental</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">Prepaid Vision</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">PPO Vision</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">Indemnity Vision</td> <td></td> <td></td> </tr> </table> | | _____ | Prepaid Dental | _____ | Prepaid Orthodontia Rider | _____ | PPO Dental | _____ | Indemnity Orthodontia Rider | _____ | Indemnity Dental | | | _____ | Prepaid Vision | | | _____ | PPO Vision | | | _____ | Indemnity Vision | | |
| _____ | Prepaid Dental | _____ | Prepaid Orthodontia Rider | | | | | | | | | | | | | | | | | | | | | | |
| _____ | PPO Dental | _____ | Indemnity Orthodontia Rider | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Indemnity Dental | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Prepaid Vision | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | PPO Vision | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Indemnity Vision | | | | | | | | | | | | | | | | | | | | | | | | |

Open Enrollment:

| | |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Existing eligible Employees may change coverage ONLY during the open enrollment period of _____ (month prior to renewal date unless there is a Qualifying Event as defined in the Group Administration Manual). If an Employee terminates coverage, he/she will not be able to re-enroll until the Employer's next Open Enrollment period. |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Selected Eligibility Requirements: A bona fide Employee/Employer relationship is required to be maintained, that is the Employer must continually compensate the individual in the form of annual, monthly, weekly or hourly rate. Further, the Employer and Employee must maintain an employment relationship pursuant to which the Employer pays those payroll costs (e.g. FICA, FUI, SUI, and Workers' Compensation) normally associated with a bona fide Employee relationship. Generally, Employees must be actively at work before coverage commences. Any other eligibility arrangements require prior approval from the Plan.

PLAN SELECTION

Please check all selected plans and indicate the Employer Contribution either in a dollar amount or as a percentage of premium.

A \$5.00 per month administration fee will be charged to all groups with under 25 Subscribers.

| | Employer Contribution | | | Employer Contribution | |
|------------------------------------------------|-----------------------|-----------|-------------------------------------------|-----------------------|-----------|
| | Employee | Dependent | | Employee | Dependent |
| <input type="checkbox"/> DHMO Dental | _____ | _____ | <input type="checkbox"/> Prepaid Vision | _____ | _____ |
| <input type="checkbox"/> PPO Dental | _____ | _____ | <input type="checkbox"/> PPO Vision | _____ | _____ |
| <input type="checkbox"/> Indemnity Dental | _____ | _____ | <input type="checkbox"/> Indemnity Vision | _____ | _____ |
| <input type="checkbox"/> DHMO Ortho Rider | _____ | _____ | <input type="checkbox"/> Other: _____ | _____ | _____ |
| <input type="checkbox"/> Indemnity Ortho Rider | _____ | _____ | | | |

_____ Authorized Employer Initials (Must be initialed by the Employer in order to be processed.)

Internal Use Only

| <p>Plan Name _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Subscriber Count</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + 1</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Child</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Children</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Family</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Composite</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | | Rate | Subscriber Count | EE | \$ _____ | _____ | EE + 1 | \$ _____ | _____ | EE + Child | \$ _____ | _____ | EE + Children | \$ _____ | _____ | EE + Family | \$ _____ | _____ | Composite | \$ _____ | _____ | <p>Plan Name _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Subscriber Count</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + 1</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Child</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Children</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Family</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Composite</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | | Rate | Subscriber Count | EE | \$ _____ | _____ | EE + 1 | \$ _____ | _____ | EE + Child | \$ _____ | _____ | EE + Children | \$ _____ | _____ | EE + Family | \$ _____ | _____ | Composite | \$ _____ | _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------------|----|----------|-------|--------|----------|-------|------------|----------|-------|---------------|----------|-------|-------------|----------|-------|-----------|----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|------------------|----|----------|-------|--------|----------|-------|------------|----------|-------|---------------|----------|-------|-------------|----------|-------|-----------|----------|-------|
| | Rate | Subscriber Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + 1 | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Child | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Children | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Family | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Composite | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rate | Subscriber Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + 1 | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Child | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Children | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Family | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Composite | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Plan Name _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Subscriber Count</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + 1</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Child</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Children</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Family</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Composite</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | | Rate | Subscriber Count | EE | \$ _____ | _____ | EE + 1 | \$ _____ | _____ | EE + Child | \$ _____ | _____ | EE + Children | \$ _____ | _____ | EE + Family | \$ _____ | _____ | Composite | \$ _____ | _____ | <p>Plan Name _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Subscriber Count</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + 1</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Child</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Children</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EE + Family</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Composite</td> <td>\$ _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | | Rate | Subscriber Count | EE | \$ _____ | _____ | EE + 1 | \$ _____ | _____ | EE + Child | \$ _____ | _____ | EE + Children | \$ _____ | _____ | EE + Family | \$ _____ | _____ | Composite | \$ _____ | _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------------|----|----------|-------|--------|----------|-------|------------|----------|-------|---------------|----------|-------|-------------|----------|-------|-----------|----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|------------------|----|----------|-------|--------|----------|-------|------------|----------|-------|---------------|----------|-------|-------------|----------|-------|-----------|----------|-------|
| | Rate | Subscriber Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + 1 | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Child | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Children | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Family | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Composite | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rate | Subscriber Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + 1 | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Child | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Children | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE + Family | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Composite | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Comments: _____

