

**ASI GROUP DENTAL PLAN**  
P.O. Box 5809, Fresno, CA 93755-5809  
Phone 559-256-1320  
Fax 559-256-1321

**GROUP APPLICATION**

**NAME OF CONTRACTING ENTITY** \_\_\_\_\_

Contact Person \_\_\_\_\_ EIN \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Billing Address \_\_\_\_\_

Street City State Zip

**CONSULTANT/BROKER** \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Agent EIN or Social Security Number \_\_\_\_\_ Broker Fee \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**PLAN EFFECTIVE DATE** \_\_\_\_\_

Admin Fee \$ \_\_\_\_\_ Broker Fee \$ \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

**BENEFIT DESIGN**

Benefit Year  Calendar  Plan \_\_\_\_\_

Diagnostic & Preventive \_\_\_\_\_% Basic \_\_\_\_\_% Crowns & Cast Restorations \_\_\_\_\_% Prosthodontic \_\_\_\_\_%

Deductible \$ \_\_\_\_\_ Family Aggregate \$ \_\_\_\_\_ Waive deductible on Diagnostic & Preventive  Yes  No

Waiting Period \_\_\_\_\_ months Annual Maximum \$ \_\_\_\_\_ PPO Schedule:  Yes  No

**Orthodontics**

Co-payment \_\_\_\_\_% Lifetime Maximum \$ \_\_\_\_\_ Waiting Period \_\_\_\_\_ months Waive on Initial Enrollment  Yes  No

Children Only  Adults & Children

**ELIGIBILITY**

First of the month following complete of \_\_\_\_\_ months of continuous employment at \_\_\_\_\_ hours per week.

Dependent Coverage: Children to age \_\_\_\_\_ Students to age \_\_\_\_\_

This plan shall become effective only upon issuance of a written agreement.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

1. \_\_\_\_\_ Group Application
2. \_\_\_\_\_ Employee Application or Census (Employee name, address, date of birth, dependent name, date of birth and relationship to employee)
3. \_\_\_\_\_ Banking Option 1 - Supply ASI with a voided check for the account in which claims are to be funded through. Checks are prepared and mailed to client for signature and forwarded to provider or employee.
4. \_\_\_\_\_ Banking Option 2 – ASI opens a separate account FBO Client's Name. ASI prepares the checks then notified client of check runs. Client may pre-fund account or fund each check run. ASI signs and forwards checks to provider or employee.