

2024 Washington Small Group Dental Enrollment Application

Use this form to add dental coverage when your group already offers a small group medical plan with Kaiser Foundation Health Plan of the Northwest. Otherwise, use the Washington Small Business Employer Application.

Group name _____ Group number _____

Dental contract effective date _____ Medical plan renewal date _____

Contract and billing information

Primary contact* _____ Phone _____ Email _____

Primary mailing address* _____ City _____ State _____ ZIP _____

Billing contact* _____ Phone _____ Email _____

Billing address* ☐ Same as primary _____ City _____ State _____ ZIP _____

Employer contribution information

Total monthly employer contribution to: _____ % _____ %
Employee Dependents

Pediatric dental plan options (18 and younger)

Please select your required pediatric dental plan from the choices below. We understand you may have acquired pediatric dental coverage from another carrier. Please select a plan in order to cover employees and/or dependents who may waive the alternate coverage.

☐ KP WA Choice 100 + Ortho Pediatric Dental Plan ☐ KP WA Choice 100 Pediatric Dental Plan

Adult dental plan options (19 and older)

TRADITIONAL ADULT ONLY PLAN OPTIONS

- ☐ KP WA Adult Traditional 100 — \$1000 Max
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$1000 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$1000 Max
- ☐ KP WA Adult Traditional 100 — \$1000 Max + Ortho
- ☐ KP WA Adult Traditional 100 — \$1500 Max
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$1500 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$1500 Max
- ☐ KP WA Adult Traditional 100 — \$1500 Max + Ortho
- ☐ KP WA Adult Traditional 100 — \$2000 Max
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$2000 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$2000 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$2000 Max + Implants
- ☐ KP WA Adult Traditional 100 — \$2000 Max + Ortho

- ☐ KP WA Adult Traditional 100 — \$2000 Max + Ortho + Implants
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$2500 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$2500 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$2500 Max + Implants
- ☐ KP WA Adult Traditional 100 — \$2500 Max + Ortho
- ☐ KP WA Adult Traditional 100 — \$2500 Max + Ortho + Implants
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$3000 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$3000 Max
- ☐ KP WA Adult Traditional 100 — \$100 Ded/\$3000 Max + Implants
- ☐ KP WA Adult Traditional 100 — \$3000 Max + Ortho
- ☐ KP WA Adult Traditional 100 — \$3000 Max + Ortho + Implants

*Please complete an Employer Administrative Changes form if this is an update to your group information.

VOLUNTARY TRADITIONAL PLAN OPTIONS

- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$1000 Max — Voluntary
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$1500 Max — Voluntary
- ☐ KP WA Adult Traditional 100 — \$50 Ded/\$2000 Max — Voluntary

PPO ADULT ONLY PLAN OPTIONS

- ☐ KP WA Adult Choice 100 — \$50 Ded/\$1000 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$1000 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$1000 Max + Ortho
- ☐ KP WA Adult Choice 100 — \$50 Ded/\$1500 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$1500 Max
- ☐ KP WA Adult Choice 100 — \$1500 Max + Ortho
- ☐ KP WA Adult Choice 100 — \$50 Ded/\$2000 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$2000 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$2000 Max + Implants
- ☐ KP WA Adult Choice 100 — \$2000 Max + Ortho
- ☐ KP WA Adult Choice 100 — \$2000 Max + Ortho + Implants
- ☐ KP WA Adult Choice 100 — \$50 Ded/\$2500 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$2500 Max
- ☐ KP WA Adult Choice 100 — \$100 Ded/\$2500 Max + Implants
- ☐ KP WA Adult Choice 100 — \$2500 Max + Ortho
- ☐ KP WA Adult Choice 100 — \$2500 Max + Ortho + Implants

VOLUNTARY PPO PLAN OPTIONS

- ☐ KP WA Adult Choice 100 — \$50 Ded/\$1000 Max — Voluntary
- ☐ KP WA Adult Choice 100 — \$50 Ded/\$1500 Max — Voluntary
- ☐ KP WA Adult Choice 100 — \$50 Ded/\$2000 Max — Voluntary

PPO ADULT PLAN WITH CHILD ORTHODONTIA OPTION

- ☐ KP WA Adult Choice 100 + Child Only Ortho

Producer of record verification

<div>_____ Producer</div>	<div>_____ Agency</div>
<div>_____ Signature of principal/corporate officer</div>	<div>_____ Date</div>

I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Representation Regarding Waiting Periods

Group hereby represents that Group does not impose a waiting period exceeding 90 days on employees who meet Group's eligibility requirements. For purposes of this requirement, a "waiting period" is the period that must pass before coverage for an individual who is otherwise eligible to enroll under the terms of a group health plan can become effective, in accord with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

In addition, Group represents that eligibility data provided by the Group to Company will include coverage effective dates for Group's employees that correctly account for eligibility in compliance with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

