



**ARIZONA SMALL BUSINESS ASSOCIATION  
MEMBER COMPANY GROUP DENTAL CONTRACT APPLICATION**

**GENERAL INFORMATION**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_  
 Billing/Eligibility Contact Name \_\_\_\_\_ Email (required) \_\_\_\_\_

**DATE JOINED ASBA** \_\_\_\_\_

**EMPLOYER CONTRIBUTIONS** For Employee \_\_\_\_\_% For Dependents \_\_\_\_\_%

Monthly Premium		Enrollment	Deposit Amount Required for 1 <sup>st</sup> Month's Premium
Employee	\$ 38.16	_____	\$ _____
Employee & Spouse	\$ 78.44	_____	\$ _____
Employee & child(ren)	\$ 87.32	_____	\$ _____
Employee & Family	\$ 144.17	_____	\$ _____
<b>Total</b>			<b>\$ _____</b>

**AGENT / GENERAL AGENT OF RECORD**

Agent Name: Christy Coe  
 Agency Name: Arizona Small Business Benefits (ASBB)

\_\_\_\_\_  
 (Agent Signature) AZ Insurance Agent License ID Social Security or IRS Number

**ENROLLMENT REQUIREMENTS**

Minimum of 2 (two) employees enrolled  
 No more than 20% of the enrolled employees can reside outside of the State of Arizona  
 First month's premium will be paid by check and accompany completed application  
 Subsequent monthly premiums will be paid via ACH from my designated account if ACH Authorization form is completed and attached

**EMPLOYER GROUP POLICYHOLDER ACKNOWLEDGEMENT**

I attest that the above information is correct and additional information will be provided upon request. The Employer Group Dental Contract applied for hereby shall be effective upon underwriting approval **and** the issuance of a group number. The Employer Group and DDAZ will be legally bound to the provisions of the Employer Group Dental Contract with the options and alternatives set forth in this Master Application. Any misrepresentation or omission of requested data will cause this Contract, if issued, to be null and void.

I understand that the benefits and rates offered by Delta Dental of Arizona are exclusively provided to the Member Companies of the Arizona Small Business Association (ASBA). Should membership cancel for any reason through ASBA, the Group Dental Contract with Delta Dental of Arizona will terminate on the last day of the year in which membership through ASBA terminates.

\_\_\_\_\_  
 Employer Signature Date

\_\_\_\_\_  
 Signer's Name and Title (*Please Print*)