



Application for Group Dental Policy

TruAssure Insurance Company is an Illinois domiciled Company.

ATTENTION: TruAssure Sales | PHONE: (844) 350-4433

Please type or print in black ink and complete the application in its entirety. An incomplete application could result in either a decline of application or delay in effective date.

PROPOSED EFFECTIVE DATE OF GROUP POLICY

___/___/___ New Application Change

POLICYHOLDER INFORMATION

Prior Carrier Information

Billing Delivery Information

Email Online Paper

Legal Name of Policyholder

Policyholder Title

Address

City

State

ZIP

Billing Address (if different than above)

City

State

ZIP

Phone Number ()

Email Address

Type of Business

Years in Business

SIC Code

Type of Ownership

Sole-Proprietorship Partnership Corporation

Administrator Contact

Administrator Contact Phone

Administrator Contact Email Address

Billing Contact (if different than above)

Billing Contact Phone

Billing Contact Email (if different than above)

()

Billing Contact Address (if different than above)

City

State

ZIP

Eligibility Contact (if different than above)

Eligibility Contact Phone

Eligibility Contact Email (if different than above)

()

Binder Amount \$ _____

Wire Transfer Check

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WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

PLEASE READ AND AGREE TO THE PRECEDING WARNING OR THE WARNING APPLICABLE TO YOUR STATE AND SIGN ON THE LAST PAGE OF THIS APPLICATION.

THESE STATES REQUIRE THAT WE ADVISE YOU OF THE FOLLOWING:

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

This policy does not offer pediatric Essential Health Benefits (EHB) as mandated under the Affordable Care Act.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

IDAHO: Any person who knowingly, and with intent to defraud any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

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INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

THE COMMONWEALTH OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE per title 24-A Section 2186 (3): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NORTH CAROLINA: Any person who knowingly and with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which "MAY" subject the person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with any intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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OREGON: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

THE COMMONWEALTH OF PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: "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."

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

WASHINGTON: "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."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Representations - Agreement

The Policyholder agrees: (1) that the statements and answers given in this application are true, complete, and correctly recorded to the best of the Policyholder's knowledge and belief; (2) that this application will be part of the group policy; (3) I will notify TruAssure Insurance Company ("the Company") if any statements or answers given in this application change prior to policy delivery.

The Policyholder understands that the group policy will be renewed each year on the policy anniversary date, unless the Policyholder notifies the Company to terminate the group policy. Such notification will be provided to the Company at least 45 days prior to the termination date. The Policyholder understands that termination of the group policy is subject to the terms and conditions provided in the group policy.

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The Policyholder understands and agrees that: (1) the Policyholder may only elect one open Enrollment Period per year for the group policy; (2) the annual open Enrollment Period I indicated under Section 6 of this Application will be applied every year; unless the Policyholder gives a written request to the Company to change the annual open Enrollment Period at least 90 days in advance of the next Anniversary Date; (3) the Open Enrollment Date will be subject to open Enrollment Periods required by the Company; and (4) to notify the eligible members of the open Enrollment Period.

The Policyholder understands and agrees that:

(1) the first month's estimated premium; and (2) fully completed enrollment information for all eligible persons requesting insurance coverage; must be submitted with this application before action can be taken on this application.

The Policyholder understands and agrees that: (1) coverage is not in effect unless and until the Policyholder receives notification of acceptance from the Company; (2) if this application is declined, the Company will return any premium deposit submitted with this application; (3) the initial premium for the group policy must be paid in advance of the due date; (4) the Company will issue the group policy to the Policyholder; and (5) the Company will provide the Policyholder with employee certificate forms and Outline of Coverage forms, if applicable, that the Policyholder must distribute to insured members.

The Policyholder understands that: (1) the Company will rely on the information provided in this application: (a) in determining eligibility for the group policy coverage; (b) in setting premium rates; and (c) for other enrollment purposes; and (2) any misrepresentation or fraudulent statement in the application may result in: (a) rescission of the group policy; (b) termination of coverage; or (c) other consequences as permitted by law.

The Policyholder agrees that the Company will be entitled to rely on the most current information in its possession regarding eligibility of members and their dependents in providing coverage under the group policy. The Policyholder is responsible for notifying the Company promptly of any changes in this information that may affect the eligibility of members or dependents, including the addition of newly eligible members or dependents.

No licensed insurance agent is authorized to: (a) make or modify contracts; (b) waive any insurer rights or requirements; and (c) waive any information that the insurer requests.

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THE POLICY PROVIDES DENTAL BENEFITS ONLY. REVIEW YOUR POLICY CAREFULLY.

Signature of Applicant (Policyholder)		Date __/__/__
State in Which Group Policy Will be Delivered	State in Which Applicant Signed Application	
AGENT/PRODUCER SECTION		
Licensed Insurance Agent Signature (if applicable)		Date __/__/__
Printed Name of Licensed Insurance Agent	Signature of Licensed Insurance Agent	
Agent License Number or National Producer Number		
Licensed Insurance Agent License Number	State of Licensed Insurance Agent License	
Email of Licensed Insurance Agent		
Signature of Licensed General Agent (if applicable)		Date __/__/__
Printed Name of Licensed General Agent		
General Agent License or National Producer Number		
State of Licensed General Agent	Email of Licensed General Agent	

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