

Please select the plan
(see reverse for details)

Plan A Plan B

For office use only
Group # _____

Michigan Retailers Association MEWA Dental Plan administered by Delta Dental Plan of Michigan

Group Underwriting Roster

Participation Requirements

- Minimum group size - two
- Minimum participation for groups of two to ten - 100%
- Minimum participation for groups of ten or more - 75%

Store Name _____

When employee has dental coverage elsewhere, indicate requested information below:

List all employees working 30 hours or more per week	Currently covered by a health care plan?	Requesting Delta Dental Coverage?	Contract Holder's Name	Carrier Name of Group No. if Delta Dental	Contract No.	Segmenting Criteria <i>For office use only.</i>
1.	Yes No	Yes No				
2.	Yes No	Yes No				
3.	Yes No	Yes No				
4.	Yes No	Yes No				
5.	Yes No	Yes No				
6.	Yes No	Yes No				
7.	Yes No	Yes No				
8.	Yes No	Yes No				
9.	Yes No	Yes No				
10.	Yes No	Yes No				

I certify that this information is complete and accurate. Michigan Retailers Services, Inc. has the right to a confidential audit of our payroll records to verify this information. I also understand the following Delta Dental underwriting requirements:

1. Re-enrollment is not allowed for those who previously dropped coverage.
2. New employees are only eligible to enroll twice each year, unless they are replacing existing dental coverage.
3. Dental coverage is a 12 month commitment unless employment is terminated.

Authorized Signature/Title Date

Dental Care Benefits Plan A

Under the MRA MEWA **Dental Plan A** administered by Delta Dental Plan of Michigan, you're covered for diagnostic and preventive dental services including oral examinations and emergency palliative treatment. The Plan pays 100 percent of reasonable and customary charges for covered services, you pay nothing.

- 100 percent coverage for diagnostic and preventive services
- 50 percent coverage for other treatments including x-rays, oral surgery, periodontics, endodontics, orthodontics and restorations
- Liberal participation requirements
- No pre-existing conditions clauses
- No deductibles

Dental Care Benefits Plan B

Under the MRA MEWA **Dental Plan B** administered by Delta Dental Plan of Michigan, coverage levels begin at 80 percent for diagnostic, preventative, emergency palliative treatment and radiographs.

- 50 percent coverage for oral surgery, restorative services, periodontics, endodontics, prosthodontics, and orthodontics.
- No deductible for diagnostic and preventative services.
- \$25.00 deductible per person with a maximum of \$50.00 deductible per family per contract year.
- Liberal participation requirements.
- No pre-existing conditions clauses.