

# Employer Application and Agreement

Please take a moment to complete this form. We will consider it along with your enrollment data and any other applicable information, as your application to Michigan Retailers Services, Inc. and Delta Dental for DeltaVision. Coverage or administration for your group will not start until you receive approval in writing from Michigan Retailers Services, Inc. or DeltaVision. Absence of written approval does not imply acceptance. There may be minimum enrollment requirements. Rates are subject to change based on overall group experience July 1<sup>st</sup> 2007 then annually after that. If you have any questions regarding this application or the DeltaVision program, please feel free to contact your Michigan Retailers Services, Inc. representative.

**NOTES**

Delta Vision assumes the claims risk of the program, as a "Non-Retention (risk) program, and on July 1<sup>st</sup>, 2007 and each July 1<sup>st</sup> thereafter will adjust rates according to overall group experience. Delta Vision will coordinate benefits for External groups (Spouses in different groups can cover each other) but will not coordinate benefits for internal groups (Spouses in the same group). All standard plans

include Laser Vision Correction once per eye per lifetime. DeltaVision is a Great Lakes Delta Insurance Company program administered by Delta Dental Plans of Michigan, Ohio, and Indiana.

**AGREEMENT**

The undersigned employer hereby adopts and subscribes to the terms and provisions in the application and to the terms and provisions of the contract of which this application becomes a part. It is agreed that the employer has 15 days from the date of delivery of the contract to return the contract to Michigan Retailers Services, Inc. for a full refund. If the employer exercises this right, the contract will terminate on the effective date as if no coverage or administrative services were ever in force, and all money received will be returned. This application is subject to approval, refusal or modification in accordance with DeltaVision guidelines. Misrepresentation or fraud will cause this application and subsequent contract to be null and void from the start. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Group Officer/Title: \_\_\_\_\_ Group Contact/Title: \_\_\_\_\_

Billing Address (If different from above): \_\_\_\_\_

Group Number: # 3017 \_\_\_\_\_ - **1000 (non-voluntary)** \_\_\_\_\_ - **2000 (contributory)** \_\_\_\_\_ - **3000 (total-voluntary)**

Requested Effective Date: \_\_\_\_\_

Percent or dollar amount paid by employer for employee coverage: \_\_\_\_\_ for dependent coverage: \_\_\_\_\_

Can employees opt out of the vision plan?  Yes  No

**CONTRACT TYPE**

People Covered (check one):  Full Family  Employee Only Number of Subscribers: \_\_\_\_\_

Definition of Subscriber (For example: "All full-time employees working at least 30 hours per week."): \_\_\_\_\_

Definitions:
<b>Non-Contributory</b> (employer paying 100%) 100% of eligible employees
<b>Contributory</b> (employer paying 50-99%) 75% of eligible employees
<b>Voluntary</b> (employer paying less than 50%) 35% of eligible employees

Signature of Authorized Group Official \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Michigan Retailers Services, Inc. Representative \_\_\_\_\_ Date \_\_\_\_\_

**FOR AGENTS ONLY**

Agent Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

New agent/agency?  Yes  No

If yes, attach Agent Agreement, copy of state license and a copy of the current E & O declarations page.