



By SafeGuard Health Plans, Inc.

A MetLife Company

Send Enrollment Materials to:

Dental Alternatives Insurance Services Inc. "DAIS"
2950 Airway Avenue A13
Costa Mesa, CA 92626
(800) 445-8119

CALIFORNIA

GROUP MASTER APPLICATION

OFFICE USE ONLY

Group No. \_\_\_\_\_

PLAN SELECTION Dental Health Maintenance Organization
1000 2000 3000
1000S 2000S 3000S

GROUP INFORMATION (PLEASE PRINT)

Group Name Requested Effective Date
Street Address City State ZIP
Billing Address City State ZIP
Billing Contact Name (Please Print) Billing Contact Tel. Billing Contact Fax Billing Contact Email
HR Contact Name (Please Print) HR Contact Tel. HR Contact Fax HR Contact Email

ENROLLMENT

Table with columns: Dental Rate, # Enrolled, Monthly Fee, Participation, Employer Contribution. Rows include Employee Only, Employee + 1 Dependent, Employee + 2 or More, and 1st Month's Remittance (Enclosed).

Submit this signed Group Master Application, the Group Contract for PrePaid Services, all employee enrollments with a check payable to SafeGuard Health Plans Inc. for the first month's prepayment fee. Your monthly fees must reach SmileSaver no later than the 20th of the month for your employees to be eligible on the first of the following month.

Employee Plan Documents to be sent to: \_\_\_\_\_  Employee Residence  Employer

Applicant Organization acknowledges that it has read and understands the terms of the Group Contract for Prepaid Dental Services ("Group Contract") attached to and made a part of this Group Master Application. This Application is subject to and conditioned upon the written acceptance by SmileSaver. Upon such acceptance by SmileSaver, the terms contained in this Group Master Application and the Group Contract attached hereto, shall constitute the agreement between the parties with respect to the subject matter thereof and shall thereafter be referred to together as the "Group Contract".

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_
Applicant's Authorized Representative or Corporate Officer)

This Group Master Application and affixed Group Contract for Prepaid Services are entered into as of \_\_\_\_\_ 1st, \_\_\_\_\_
SmileSaver, by SafeGuard Health Plans, Inc., A MetLife Company
5 Park Plaza, Suite 1900, Irvine, CA 92614

[Signature]
ALAN HIRSCHBERG, President

AGENT INFORMATION

PRODUCING AGENT: \_\_\_\_\_ METLIFE AGENT #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_
AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
GENERAL AGENT (If Applicable): \_\_\_\_\_ CODE: \_\_\_\_\_