TDAHP
Total Dental Administrators Health Plan, Inc.

2111 E. Highland Avenue, Suite 250
Phoenix, AZ 85016
Phone (602) 266-1995 FAX (602) 266-1948

DHMO/PREPAID EMPLOYER APPLICATION

1. Full Legal Name of Applicant _____

2. a. ☐ Corporation ☐ Proprietorship ☐ Partnership

b. Primary business Address: _____
Street City State Zip

c. Billing address (if different from above): _____
Street City State Zip

d. H.R. Contact: _____ Accts Payable Contact: _____

e. Telephone _____ Fax _____

f. Email Address_____

g. Affiliates or subsidiaries to be covered: ☐ No ☐ Yes If yes, list additional information on reverse side of this form

h. Nature of Business: _____SIC _____

3. TDAHP Plan: A500S ☒

4. Total Eligible Employees _____Total Enrolled_____

5. Proposed Effective Date _____

6. Waiting Period of New Employees _____ Days

7. Term of Contract: _____ Year(s)

8. Employer Contribution: Emp. _____% Dep. _____%

DEPENDENT ELIGIBILITY: Spouse and/or unmarried children to age 19 or to age 23 if a full time student in an accredited school. If there are any additional eligibility requirements for dependents, please specify:

PREMIUMS AGREED TO:

2 – Tier ☐	**3 – Tier** ☐	**4 – Tier** ☐	
Employee	Employee	Employee	$ _____ per month
Employee & Family	Employee & 1 Dep.	Employee & Spouse	$ _____ per month
	Employee & Family	Employee & Child(ren)	$_____ per month
		Family	$_____ per month

Monthly Administration Fee $ _____
Total Monthly Premium $_____
Initial amount submitted with this Application $_____

This application is subject to all terms and conditions of the Group Agreement and the approval of the Plan.

By_____
(print name)

_____
(sign name)

Title_____

Date_____

Witnessed By: _____

_____
(print Agent's name)

By_____
(sign Agent's name)

Date _____

Value and Service Beyond the Expected

Continued from other side:

Affiliates or subsidiaries to be covered:

_____	_____
(Full Legal Name)	(Full Legal Name)
_____	_____
(Street Address)	(Street Address)
_____	_____
(City, State, Zip)	(City, State, Zip)
_____	_____
(Nature of Business)	(Nature of Business)