

**APPLICATION FOR MYBLUEDENTAL<sup>SM</sup> DENTAL INSURANCE  
GROUP AND INDIVIDUAL DIVISION  
BLUE CROSS<sup>®</sup> AND BLUE SHIELD<sup>®</sup> OF SOUTH CAROLINA**

An Independent Licensee of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.  
**COLUMBIA, SOUTH CAROLINA**  
www.SouthCarolinaBlues.com

Application is hereby made for group dental insurance for the eligible Employees or Members of the Applicant.

**Name of Applicant:** \_\_\_\_\_  
(correct legal name)

**Address of Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Classification of Eligible Employees:** All full-time, active Employees working at least 30 hours a week at least 48 weeks a year for the Applicant. To be considered Actively-at-work, the Employee must: 1) have begun work and not be absent from work because of leave of absence or temporary lay-off, unless the absence is due to a health status-related factor other than substance abuse or chemical dependency; and 2) be performing the normal duties of his or her occupation at one of the Employer's normal places of business or at a location to which the Employee must travel to do his or her job. An Employee must begin work before he or she is considered Actively-at-work. If the Employee does not meet this requirement, coverage will begin on the first day of the next Contract Month that the requirement is met.

**Effective Date:** The date the coverage goes into effect.

**Enrollment Date:** The date of enrollment in this plan or the first day of the Waiting Period for the enrollment, whichever is earlier.

**Late Enrollee:** An eligible Employee or Dependent who enrolls under this Contract other than during:

1. The first period in which the Employee or Dependent is eligible to enroll under the plan if the initial enrollment period is a period of at least 30 days; or
2. A Special Enrollment period.

Late Enrollees will be excluded from coverage for 12 months.

**Special Enrollment:** If the Employee is eligible and not already enrolled, or if a Dependent is eligible and not already enrolled, the Corporation will allow the Employee or Dependent to enroll if either 1 or 2 below is met:

1. Each of the following must be met:
  - a. The Employee or Dependent was covered under a Group Dental Plan or had Dental Insurance Coverage at the time coverage was previously offered to the Employee or Dependent; and
  - b. The Employee stated in writing at the time that coverage under a Group Dental Plan or Dental Insurance Coverage was the reason for declining enrollment, but only if the plan sponsor or issuer, if applicable, required such a statement at the time. The plan sponsor or issuer must have given the Employee a notice of the requirement and the consequences of the requirement at the time; and
  - c. The Employee's or Dependent's coverage described in paragraph a above:
    - i. Was under a COBRA and the coverage under the provision was exhausted; or
    - ii. Was not under a continuation provision and either the coverage was terminated as a result of loss of eligibility for the coverage or employer contribution toward the coverage stopped. Reasons for a loss of eligibility might include legal separation, divorce, death, termination of employment or reduction in the number of hours of employment;
    - iii. Was one of multiple health insurance plans offered by an employer and the employee elects a different plan during an open enrollment period.
  - d. The Employee requests the enrollment not later than 31 days after the date coverage ended due to loss of eligibility or Employer contribution stopped as described above.

2. a. The Employee or Dependent is covered under a Medicaid plan or under a State Children’s Health Insurance Program (S-CHIP) and coverage of the Employee or Dependent under such plan is terminated due to loss of eligibility for such coverage and the Employee requests coverage under the Group Health Plan not later than 60 days after the termination date of such coverage; or
- b. The Employee or Dependent becomes eligible for assistance, with respect to coverage under the Group Health Plan under such Medicaid plan or State Children’s Health Insurance Program (S-CHIP), if the Employee requests coverage under the Group Health Plan not later than 60 days after the date the Employee or Dependent is determined to be eligible for such assistance.

If the Employee is eligible under the plan but is not enrolled, and he or she marries, the Employee and the new spouse may enroll in the plan if enrollment is requested within 31 days of the marriage.

If the Employee is eligible under the plan but not enrolled and the Employee or Employee's spouse has a child, adopts a child or a child is placed with the Employee or Employee's spouse for adoption, the new Dependent(s) may receive coverage under the plan. At the time of birth, adoption or placement for adoption, the Employee and Employee's spouse may also receive coverage.

**PARTICIPATION REQUIREMENTS:**

**Please check applicable space that matches the number of enrolled Employees.**

**2-6 enrolled Employees:**

\_\_\_\_\_ This coverage is sold along with health coverage. All Employees enrolled in health must be enrolled with dental and with the same status.

**7-12 enrolled Employees:**

\_\_\_\_\_ At least 7 Employees or 75% of all eligible Employees, whichever is greater, must be enrolled under this Contract throughout its duration.

**13 or more enrolled Employees:**

\_\_\_\_\_ At least 13 Employees or 75% of all eligible Employees, whichever is greater, must be enrolled under this Contract throughout its duration.

When the Employer contributes 100% of the premiums then all persons covered by this contribution are insured on their initial eligibility date regardless of when the application is received.

**Waiting Period: There is a six-month waiting period from the Member’s Effective Date of coverage for Major Restorative Care. The Corporation will waive any part of the six-month waiting period that Members have already met under a previous Group Dental Plan if that plan has been in effect for at least six months and there has not been more than a 63-day break in coverage.**

**Periods of Continuous Employment as Prerequisite to Eligibility:**

Coverage for new Employees hired following the Effective Date of the contract will begin:

- on the first monthly Effective Date following \_\_\_\_\_ days of employment
- on the first day following \_\_\_\_\_ days of employment

Upon approval, the Effective Date of Contract under this application shall be 12:01 a.m., standard time on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at the address indicated above and such coverage will continue until terminated in accordance with the provisions of the Contract between the Applicant and Blue Cross and Blue Shield of South Carolina.

It is understood and agreed that the Applicant will pay Blue Cross and Blue Shield of South Carolina, in advance, the premiums specified in Schedule A of the Master Contract on behalf of the Applicant's Employees who meet the eligibility requirements as specified in this application and that this application when received by the Applicant, shall form a part of the Contract between Blue Cross and Blue Shield of South Carolina and the Applicant. Coverage is not effective unless and until approved in writing by the Underwriting department at Blue Cross and Blue Shield of South Carolina's home office. The Applicant further understands and agrees that the premiums for the group policy must be paid by the policyholder from the policyholder's funds or from funds contributed by the insured persons, or from both.

The Applicant hereby expressly acknowledges its understanding that this application constitutes a Contract solely between the Applicant and the Corporation. The Corporation is an independent corporation operating under a license with the Blue Cross and Blue Shield Association, permitting the Corporation to use the Blue Cross and Blue Shield service mark in the State of South Carolina, and that the Corporation is not contracting as the agent of the Association.

The Applicant further acknowledges and agrees that it has not entered into this Contract based upon representations by any person other than the Corporation and that no person, entity or organization other than the Corporation shall be held accountable or liable to the Applicant for any of the Corporation's obligations to the Applicant created under this Contract. This paragraph shall not create any additional obligations whatsoever on the part of the Corporation other than those obligations created under other provisions of this Contract.

Dated at \_\_\_\_\_, South Carolina, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

**BLUE CROSS AND BLUE SHIELD  
OF SOUTH CAROLINA**

By: \_\_\_\_\_  
(Authorized Signature)

By:  \_\_\_\_\_  
(Authorized Signature)