Horizon Blue Cross Blue Shield of New Jersey

Small Employer Dental Group Application Instructions

Instructions

The attached form should be completed with the assistance of your authorized Broker.

Please complete all necessary forms in their entirety. Please print in ink or type your responses. Ensure that all areas requiring a **signature and date are complete.**

Completed enrollment application forms should be sent to your authorized Broker prior to your effective date.

Application

Attached you will find the Application for a Small Employer Dental Benefits Policy that must be completed and submitted for each New Jersey small employer group applying for dental coverage.

Other Required Documents

When submitting your paperwork as required above, you must submit the following:

- Enrollment Change / Request Form (#6803) – One form is needed for each employee enrolling. Your authorized Broker will provide these forms.
- First month's premium – All new cases must be submitted with a company check for the first month's premium payable to Horizon BCBSNJ. If a case is submitted without a premium check, the case will be returned.

If you select the automatic checking withdrawal option, you must also submit an Automatic Pay Plan Application (#8977).

Horizon Healthy Smiles

For the Horizon Healthy Smiles plans there is a 6 month waiting period for basic restorative services and a 12 month waiting period for onlays and crowns, endodontics, periodontics, prosthodontics and orthodontics (if applicable). To waive the waiting periods, you must provide the name of your dental carrier and the dental group number of your creditable dental coverage that is active on the day you submit your application. Creditable dental coverage is a dental plan that provides full dental coverage. It does not include a pediatric dental plan that only provides benefits for members under age 19, a dental discount plan or a preventive only dental plan.

Mailing Instructions

Please send the completed paperwork and attachments to:

Horizon Blue Cross Blue Shield of New Jersey
Three Penn Plaza East PP-13T
Newark, NJ 07105-2200

RESET

Horizon Blue Cross Blue Shield of New Jersey

APPLICATION FOR A SMALL EMPLOYER DENTAL BENEFITS POLICY

Horizon Blue Cross Blue Shield
of New Jersey
Dental Programs
3 Penn Plaza East PP-13T
Newark, NJ 07105-2200
1-800-4-DENTAL

Please print or type ☐ New Policy ☐ Change in Policy Policy No. _____ Requested Effective Date _____

SECTION I: POLICYHOLDER INFORMATION

1. Policyholder (full legal name of company): _____
2. Tax Identification Number: |_|_|_|_|_|_|_|_|_| e-mail Address: _____
3. Main Address: _____
   STREET CITY STATE ZIP CODE COUNTY
   Mailing Address (Billing): _____
   STREET CITY STATE ZIP CODE COUNTY
   Telephone: |_|_|_|–|_|_|_|–|_|_|_|_| Facsimile: |_|_|_|–|_|_|_|–|_|_|_|_|
4. Name of Company Official: _____ Title: _____
5. Type of Organization: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other (explain): _____
6. Nature of Business (specify): _____ SIC Code: _____
7. Number of eligible employees in your company: _____ 8. Number of eligible employees to be insured: _____

   (Eligible employees are those who work at least 25 hrs. per week)
9. Class or classes to be excluded: _____
10. Insurance requested for: ☐ Employees Only ☐ Employees and Dependents
    Should the plan provide coverage for domestic partners as permitted by P.L. 2003, c. 246? ☐ Yes ☐ No
11. Is the employer subject to the requirements of COBRA? ☐ Yes ☐ No
12. Waiting period before employees become insured: (may not exceed 6 months) Present Employees: _____ New or Rehired Employees: _____
13. What percentage of the premium will the employer pay? _____ 14. Deposit $ _____

Premium Paid: ☐ Monthly ☐ Automatic checking withdrawal
The premium for the first month of coverage must be submitted with the application.

SECTION II: SPECIFICATIONS FOR COVERAGE

Pediatric Dental and Family Pediatric Dental *(check one)* Marketplace certified	☐ Horizon Young Grins Stand Alone Pediatric Dental (SAPD) (only provides benefits for members under age 19) ☐ Horizon Family Grins ☐ Horizon Family Grins Plus
Family Dental	☐ Horizon Dental Option Plan* ☐ Horizon Dental Companion ☐ Horizon Healthy Smiles** ☐ Horizon Dental PPO* ☐ Horizon Dental Choice ☐ Horizon Healthy Smiles Plus** ☐ Horizon Dental PPO Access * If Horizon Dental Option Plan or Horizon Dental PPO is selected, please provide a copy of the prior carrier's bill. If the prior carrier's bill is not received, group will be subject to 6 month wait before becoming eligible for major services and orthodontic services (if applicable). Prior dental coverage does not include a dental discount plan. **If a Horizon Healthy Smiles plan is selected, please answer the following questions: Does the employer currently have dental coverage? ☐ Yes ☐ No If yes, please provide the following: Dental Carrier Name: _____ Dental Group #: _____ Is the dental coverage a pediatric dental only plan, a dental discount plan or a preventive only plan? ☐ Yes ☐ No

SECTION III: ALL QUESTIONS MUST BE ANSWERED

a. Name of present or prior group carrier _____
   Effective date of prior coverage _____ Cancellation/Termination Date _____
   Is the coverage applied for in this application replacing other group insurance? ☐ Yes ☐ No
   If "Yes", give reason _____
   Please attach copy of the prior carrier bill received in last 60 days.
b. Has your firm been uninsured for 3 or more months prior to application? ☐ Yes ☐ No

Note: If there are any modifications to the statements and answers given in this application (i.e., crossed out, whited-out, erased information), the applicant must attest to the modifications by giving a complete signature in the margin near the modification.

SECTION IV: SIGNATURE

It is understood that no individual shall become insured while not actively at work on a full-time basis, and only full-time employees are eligible. A full-time employee is one who regularly works at least 25 hours per week at his employer's place of business. It is further understood that no agent has power on behalf of Horizon Blue Cross Blue Shield of New Jersey, Inc. to make or modify any request or application for insurance or to bind Horizon Healthcare Dental, Inc. and/or Horizon Healthcare Services, Inc. on behalf of Horizon Blue Cross Blue Shield of New Jersey, Inc. by making any promise or representation or by giving or receiving any information.

It is further understood that no insurance will be effective unless and until the application is accepted in writing by Horizon Blue Cross Blue Shield of New Jersey, Inc. No contract of insurance is to be implied in any way on the basis of the completion and or submission of this application.

Any person who knowingly files a statement of claim, application for insurance, enrollment form, or certification containing any false or misleading information may be subject to criminal and civil penalties.

_____ _____

Print name of Officer, Partner, or Owner | Signature of Officer, Partner, or Owner

_____ Dated at _____ on _____

Witness to Signature

AGENT/PRODUCER INFORMATION (THIS INFORMATION MUST BE ANSWERED COMPLETELY)			
BROKER SIGNATURE	DATE		VENDOR NUMBER
BROKER-NAME	NAME OF AGENCY		TELEPHONE NUMBER
STREET	CITY	STATE	ZIP CODE
OTHERS (NAME, TITLE)			
SPECIAL INSTRUCTIONS			

FOR INTERNAL GROUP DENTAL ENROLLMENT USE	
Coverage Code c/o	
TOTAL APPLICATIONS SUBMITTED	
TRANSFER FROM GROUP # _____	
REFUSALS/WAIVERS LISTING ATTACHED (IF APPLICABLE)	
EMPLOYER CONTRIBUTION	
EFFECTIVE DATE	
FUTURE RATE RENEWAL DATE	

SALES ASSOCIATE SIGNATURE | DATE | ITEM NUMBER

APPROVED BY: SALES ADMINISTRATION SIGNATURE | TITLE | DATE

Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or **1-800-537-7697** (TDD)

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-4DENTAL (6825)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-800-4DENTAL (6825)** durante el horario normal de trabajo.

Chinese (中文)：如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey)資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-4DENTAL (6825)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-4DENTAL (6825)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-4DENTAL (6825)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ કલાકો દરમિયાન **1-800-4DENTAL (6825)** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-4DENTAL (6825)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-4DENTAL (6825)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-4DENTAL (6825)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-4DENTAL (6825)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-4DENTAL (6825)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइज़न ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-4DENTAL (6825)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-4DENTAL (6825)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-4DENTAL (6825)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitɬįh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo bą́ąh ílíní da. Ata' halne'é ła' bich'į' hadeesdzih nínízingo t'áá shǫǫdí **1-800-4DENTAL (6825)**jį' nida'anishgo oolkiłíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey، لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-4DENTAL (6825)**.

Urdu (**اردو**)**:** اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-4DENTAL (6825)** پر کال کریں۔