



GROUP MASTER APPLICATION

95 Enterprise, Suite 100
Aliso Viejo, CA 92656-2605
(800) 333-9561

OFFICE USE ONLY

Group No. _____

PLAN SELECTION

Dental			Vision		
<input type="checkbox"/> 1000	<input type="checkbox"/> 2000	<input type="checkbox"/> 3000	<input type="checkbox"/> SM10	<input type="checkbox"/> SM20/20	<input type="checkbox"/> SM30
<input type="checkbox"/> 1000S	<input type="checkbox"/> 2000S	<input type="checkbox"/> 3000S			
<input type="checkbox"/> SM600 Southern CA	<input type="checkbox"/> SM600 Central/No. CA				

GROUP INFORMATION (PLEASE PRINT)

Group Name		Requested Effective Date	
Street Address		City	State ZIP
Billing Address <i>Co: CCHP 445 GRANT AVENUE, SUITE 700</i>		City <i>SAN FRANCISCO</i>	State ZIP <i>CA 94108</i>
Billing Contact Name (Please Print) <i>FINANCE</i>	Billing Contact Tel. <i>415-955-8800</i>	Billing Contact Fax <i>415-955-8817</i>	Billing Contact Email <i>jt-sang@cchphmo.com</i>
HR Contact Name (Please Print)	HR Contact Tel.	HR Contact Fax	HR Contact Email

ENROLLMENT

	# Enrolled	Rate	Monthly Prepayment Fee	Participation
Employee Only	_____	\$ _____	\$ _____	Total # of Employees _____ Total # of Eligible Employees _____ Total # Enrolled Employees _____
Employee + 1 Dependent	_____	\$ _____	\$ _____	
Employee + 2 or More	_____	\$ _____	\$ _____	
1st Month's Remittance (Enclosed)		Total	\$ _____	

Submit this signed Group Master Application, the Group Contract For Prepaid Services, all employee enrollment cards, and a check payable to SmileSaver 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 _____, 1, _____, SmileSaver, a division of SafeGuard Health Plans, Inc.

Name: Robln Muck
Signature: _____
Title: President

AGENT INFORMATION

PRODUCING AGENT: _____ CODE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

AGENT SIGNATURE: _____ DATE: _____

GENERAL AGENT (If Applicable): _____ CODE: _____

FOR PLAN USE ONLY

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