

Application for SD Retailers Association Group Dental Coverage

(must be a member of the SD Retailers Association)

Delta Dental of South Dakota PO Box 1157 Pierre, SD 57501 1-800-627-3961 Fax (605) 224-0909 www.deltadentalsd.com

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Delta Dental only accepts payment by electronic funds transfer. A voided check from the account you would like us to withdraw from each month must be attached to this application.

Participation Requirements

- The employer must be a South Dakota Retailers Association member.
- The employer must pay at least 25% of the single cost for 8010 and 8013 plans and 50% of the single cost for the 8012 and 8015 plans.
- New employees are eligible the first of the month after completion of the waiting period.
- A minimum enrollment of 50% (for 8010 and 8013 plans) and 75% (for 8012 and 8015 plans) of all full-time employees who have satisfied the eligibility waiting period is required. Part-time employees may be included only if the employer pays for eligible part-time employees.
- Employees may not change coverage for any reasons other than death, divorce or marriage except at open enrollment in January.
- Terminated employees are covered to the last day of the month in which they cease to be an eligible employee.
- Rates are guaranteed to December 31.

I certify that all of the above information is true and correct. I agree to abide by the participation requirements as set forth above. In the event such requirements are not adhered to, Delta Dental may terminate this policy.

Signed	Title
Name	Date
Agent Information	
As the acting representative for the above group, with the participation requirements listed above.	, I have to the best of my knowledge and ability complied
Agent name	_Firm name
Address	_City, State and Zip
Agent signature	Date