



Application To Join The New Hampshire Medical Society Delta Dental Plan

Completion of this Application makes the Employer a Participating Member Employer subject to the terms and conditions of the contract between New Hampshire Medical Society and Northeast Delta Dental. This includes being a member in good standing.

EMPLOYER: _			EFFECTIVE	E DATE (OF PROGRAM:		
ADDRESS:			CITY:	, NH ZIP:			
TELEPHONE: (603)	FAX: _		E-M	AIL:		
MEDICAL CARRIER:			GROUP CONTACT:				
	L COVERAGE? [] YES [] NO IF prior dental plan benefit booklet)	YES, CARRIER	NAME:				
	CHECK	ONE ONLY:	Option 1 []		Option 3 []	Option 5 []	
Coverage A Coverage B (After a 6-month waiting period) Coverage C (After a 12-month waiting period) Coverage D (After a 24-month waiting period) Lifetime Deductible Per Person/Family Calendar Year Maximum for Coverages A, B, C Separate Lifetime Maximum For Coverage D (per child and adult)			100% 80% 50% 50% \$100/\$300 \$2,000 \$2,000	100% 100% 80% 60% 50% 50% 50% N/A \$100/\$300 \$75/\$225 \$1,000 \$1,500 \$1,000 N/A			
Eligibility (Prob	pationary) Period: First day of the mont	h following					
Option 1	One Person (Single): Two Persons: Three or More Persons (Family):	\$78.03 X \$134.02 X \$239.65 X			Monthly Premium = \$ = \$		
			Premium Due	\$	= \$ (Include v	with Application)	
Option 3	One Person (Single): Two Persons: Three or More Persons (Family):	\$124.26 X	# Enrolled		Monthly Premium = \$ = \$ = \$		
			Premium Due				
Option 5	One Person (Single): Two Persons: Three or More Persons (Family):	\$63.99 X \$107.02 X \$169.99 X			Monthly Premium = \$ = \$ = \$		
	` ',	I First Month's		\$	· 	with Application)	
	Above rates are guaranteed through Make checks payable to: Northeast Delt New England Employee Benefits Co, I New England Employee Benefits Co, Inc	ta Dental. All ap nc. 15 Chenell [oplications and corr Dr., Concord, NH 033	esponde 301. For	ence should be directed inquiries, please contac	t	
Group Representative Signature			Titl	e		Date	
Delta Group #		gland Emplo Sublocation # -	yee Benefits Co	, Inc. C	Only		
Accepted By:	Now England Employee Deposits				Northoast Polts Pontal		

Form# NHMSJ Rev. 092515