



BETTER BUSINESS BUREAU
Group Dental Application

COMPANY INFORMATION

Name of Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Contact Person: _____
 Email: _____

ENROLLMENT INFORMATION

WAITING PERIOD FOR NEW HIRES

First of the Month Following:

- 30 Days _____
- 60 Days _____
- 90 Days _____

PLAN OPTION

Plan A _____
 Plan B _____

of Eligible Employees: * _____ # of Enrolled Employees: _____

Effective Date: _____

* To be eligible for the dental coverage offered through the Better Business Bureau/Delta Dental of Kansas program, BBB members must meet the underwriting guidelines as outlined by Delta Dental of Kansas in conjunction with the Better Business Bureau.

Waiting Period:

For new groups with proof of prior group dental coverage the six-month waiting period will be waived for initial group enrollment. Please attach a copy of your most recent dental billing.

GROUP SIGNATURE/AUTHORIZATION INFORMATION

NAME

TITLE

SIGNATURE

DATE

Please fax this form and enrollment forms to (316) 462-3329. # _____