



# New Group Questionnaire

Small Groups  
Willamette Dental of Idaho, Inc.  
Toll Free: (888) 552-0922  
Fax: (208) 672-1581

Please print or type and fill in all applicable areas prior to submission.

## BROKER INFORMATION

Firm Name: \_\_\_\_\_

Agent's Full Name: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Firm/Agent License #: \_\_\_\_\_

Firm/Agency Tax ID #/SSN: \_\_\_\_\_

Agreed Upon Commission % Being Paid to Broker: \_\_\_\_\_

Commission to be made with Agency or Individual Agent: \_\_\_\_\_

## GROUP INFORMATION

Full Legal Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Affiliates, if any: \_\_\_\_\_

### MAILING ADDRESS (if different from street address on application for group dental coverage)

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SEPARATE LOCATIONS FOR BILLING, IF APPLICABLE: (attach a separate page if more than one)

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## INDEMNITY CARRIER, IF ANY

Name: \_\_\_\_\_

## EMPLOYEES

Total Number of Eligible Employees (including full-time & part-time): \_\_\_\_\_ How Many Employees Are Enrolled? \_\_\_\_\_

Hours Needed to Be a Full-Time Employee: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

## ELIGIBILITY INFORMATION

Billing/Eligibility Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are any Employees Excluded from the Member Definition? (Check One):  YES  NO

**WAITING PERIOD FOR ELIGIBILITY**

Indicate Which Option Applies to Persons Employed on Effective Date (Check One):

Only those who have satisfied the waiting period are eligible.      Waiting period for eligibility: \_\_\_\_\_

All are eligible immediately, regardless of length of service.

**ID CARDS**

ID Cards Will Be Sent to Employer at Initial Billing.

**PREMIUM PERCENTAGE EMPLOYER CONTRIBUTES**

Subscriber: \_\_\_\_\_ %

Dependents: \_\_\_\_\_ %

Retirees: \_\_\_\_\_ %

Initial Rate Guarantee Period: \_\_\_\_\_

Notice of Rate Change Will Be Delivered No Later Than 30 Days Prior to Renewal Date.

**MISCELLANEOUS INFORMATION**

- For Trust/Association Groups – please provide copy of current coverage handbook and any applicable bargaining agreements.
- Dependent age is up to age 19 or through 23 if a full-time student unless otherwise requested.

**SPECIAL REQUESTS**

Special Requests:

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