

APPLICATION FOR GROUP DENTAL INSURANCE

9801-SM (07/05)

State Law Provisions

CA:	California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.
FL:	Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
AZ, GA, KY, NE & NH:	All statements made by the Policyholder or by any insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.
KS:	Any person who knowingly and with intent to defraud, as stated on this Application, maybe committing a fraudulent insurance act which maybe a crime.
LA:	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.
IN, MO & ND:	All statements made by the Policyholder or by the persons insured shall be deemed representations and not warranties and that no statement made by any person insured shall be used in any contest unless a copy of the instrument containing the statement is or has been furnished to such person or, in the event of the death or incapacity of the insured person, to the individual's beneficiary or personal representative.
NJ:	All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NY:	Any person who knowingly and with intent to defraud, as stated on this Application, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OR:	Any person who knowingly and with intent to defraud, as stated on this Application, maybe committing a fraudulent insurance act which maybe a crime. Contestability is limited to two years as stated in the Group Policy.
TN:	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VA:	Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

United Concordia programs are underwritten by the following companies in the listed states:

United Concordia Dental Corporation of Alabama - AL United Concordia Dental Plans, Inc. - MD, NJ United Concordia Dental Plans of California, Inc. - CA United Concordia Dental Plans of Delaware, Inc. - DE United Concordia Dental Plans of Florida, Inc. - FL United Concordia Dental Plans of Kentucky, Inc. - KY United Concordia Dental Plans of the Midwest, Inc. - MI, MO, OH	United Concordia Dental Plans of Pennsylvania, Inc. - PA United Concordia Dental Plans of Texas, Inc. - TX United Concordia Insurance Company - AK, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NE, NV, NH, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY United Concordia Life and Health Insurance Company - DE, DC, IL, KY, MD, MO, NC, NJ, PA United Concordia Insurance Company of New York - NY
---	--

Products not available in any state where prohibited by law or where United Concordia does not have regulatory approval.

UNITED CONCORDIA

Paperwork submitted by:

Name: _____

Phone number: _____

E-mail address: _____

Please indicate (yes or no) if a broker was involved in this transaction: _____

If yes, please provide the following applicable information.

General Agent: _____

Agency: _____

Producing Agent: _____