



Manufacturer & Business Association

Employer Request for Participation

The undersigned hereby requests participation in the Manufacturer & Business Association policy which is underwritten and fully insured by MetLife Dental.

Employer Information

Full Legal Name of Employer : _____

Primary Street Address: _____

City, State, Zip Code: _____

Billing Address (if different): _____

Executive Contact: _____ Phone: _____

Billing Contact: _____ Phone: _____

Fax: _____ Federal ID# (EIN): _____

SIC Code: _____ Nature of Business: _____

Form of Organization (Check the appropriate box)

Corporation S Corporation Partnership Sole Proprietor Association Other (describe) _____

Affiliated/Subsidiary Companies

List any affiliates or subsidiaries to be insured (include name, location, nature of business & EIN):

Effective Date: _____ Dental Plan Option (select one): 1 2 3 4 7 8 9 10

Eligible Subscribers: _____ Employee Only: _____ Employee & Family: _____

Broker/Consultant Information

Broker/Consultant Name: _____

Agency Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____ Phone: _____

Fax: _____ Commission payable to: Broker Agency

Commission Payable Address (if different from above): _____

This form is to be sent with Broker of Record Letter and all enrollment forms to:

**Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508**

CERTIFICATION

Application is herewith made for participation in a group dental service contract between MetLife Dental and the Manufacturer & Business Association (MBA) posted on website ("Contract"). It is understood that participation means acceptance of all provisions of the Contract relevant to participation and any changes to those provisions. Any changes to the Contract will be posted on the Website, and, if this Application is accepted, the Applicant will be notified of these changes by email.

It is understood that this Application is offered as an inducement for participation in the Contract by MetLife Dental. Such participation will be based exclusively on the information given to or acquired by MetLife Dental from this Application. To that end, the signer of the Application declares that he/she has read the statements and answers above and that to the best of his/her knowledge that the answer are full, complete and true. It is understood that omissions or misrepresentations could result in voiding or reformation of the Contract. No waiver or modification of the Application shall be accepted unless in writing and signed by an authorized officer of Applicant.

Applicant understands that, regardless of the effective date above, unless and until 1) this Application is executed by a duly authorized officer of Applicant and returned to MetLife Dental, 2) the first month's estimated premium is pad for credit towards the first month's actual premium, and 3) enrollment procedures are completed, the contract will not be in force and no claims will be paid for Enrollees of Applicant under the Contract.

Except as otherwise limited by the Health Insurance Portability Accountability Act and its administrative simplification regulations ("HIPAA"), Applicant shall provide MetLife Dental with Protected Health Information ("PHI") for the proper implementation, administration and management of the dental Contract for which the Applicant is applying for participation. MetLife Dental agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental service contract or as permitted or required by law. MetLife Dental and Applicant shall comply with all applicable federal and state laws and regulations relating to administrative simplification, security, and privacy of PHI, including the terms of any business associate agreement/addendum that may be required as part of the contract to be executed between MBA and MetLife Dental.

If this Application is declined, MBA will return the estimated premium deposit submitted with the request.

Full Legal Name of Employer/Firm: _____

Dated on: _____
(Month, Day, Year)

By: _____

Dated at: _____

(Title)

Broker of Record: _____

To Be Completed by Manufacturer & Business Association

MBA, as the Policyholder, requires Participating Employers to be a MBA member in good standing. MBA hereby certifies that the Applicant named in the application is a current MBA member, is eligible to participate in the Plan and the Application for participation is hereby approved.

By: _____

Title: _____

Date: _____