



DIRECT DENTAL PLANS OF AMERICA, INC.

Pioneering Consumer Driven Health Care Plans Since 1994

### Group Membership Agreement

We agree to offer DDP as the benefit to our employees. Our accounts Payable Department has been instructed to honor your monthly invoices and to forward the membership fees that are due. We understand that the DDP discount only applies with participating providers. All fees are paid directly to the provider selected by member at time of service. Failure to do so could result in termination of membership. Less than one-year membership may result in being billed from the DDP dental plan provider at the usual customary rate(s) for dental services provided, minus payments for services rendered during membership period. Some fees may vary when unusual services are required. Consult with provider prior to beginning any treatment. Any dental procedures done out of network will be paid in full by the employee, not by the plan. DDP retains the right to change service, member fees, and provider fee schedule at any time without notice. No cost for services rendered will be paid for by plan.

#### Change of Service

Employee status changes must be submitted in writing to our office with 30-day written notice. Employee termination will only be accepted based on their eligibility. Terms are as follows; entry into Full-Time military status, death, change in marital status, employee termination, failure to render payment for services completed by provider. We understand any eligible new memberships or terminations must be received no later than the 15<sup>th</sup> of the month prior to the next billing period. Failure to notify in writing any changes in employee status is at no consequence to DDP and employer must pay in full until written notification has been received. Under this agreement, membership shall be for a one-year period from effective date and will renew on a year-to-year basis until 30-day written notice has been received

We assume no responsibility to DDP after the termination of employment for any employee.

I, the undersigned employer, do hereby state that I understand that **DDP IS NOT AN INSURANCE PROGRAM**, and that a full and complete explanation of the discounted fees and services has been given to me, and that I fully accept and subscribe to all of the terms and conditions contained in the plan agreement.

Name of Business: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

(Please Print)

Responsible Party Title: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Producer Number: \_\_\_\_\_

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