



574 Boston Road  
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## EMPLOYER APPLICATION

Employer (Correct Legal Name)		Type of Business		<input type="checkbox"/> Sole Proprietor
				<input type="checkbox"/> Partnership
				<input type="checkbox"/> Corporation
Address (Street)		City	State	Zip Code
Telephone Number Area Code (      )		Principal Contact for Program		Title
Desired Effective Date (Must be 1st of the month)			Nature of Business	

<b>ELIGIBILITY &amp; PARTICIPATION REQUIREMENTS</b>	<b>ENROLLMENT INFORMATION</b>
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<p><b>ELIGIBLE COMPANIES:</b> A firm with 2 or more full-time employees (with 2 or more enrolling) that maintains a membership in Northeast Business Trust</p> <p><b>ELIGIBLE EMPLOYEES:</b> All full-time employees working at least 30 hours per week</p> <p><b>WAIVER:</b> EE's covered on a spouses family dental plan can be excluded; a Waiver Form must be completed with proof of coverage</p> <p><b>PARTICIPATION REQ:</b> 100% of the eligible employees must be enrolled and must remain on the plan for a minimum of one year</p> <p><b>EMPLOYER CONTRIB:</b> The employer must contribute at least 50% of the EE's premium</p> <p><b>NEW HIRES:</b> All future eligible employees can be enrolled within 30 days of hire or within a time frame consistent with company new hire probation policy</p>	<p>_____ Total # of employees (including owners)</p> <p>_____ Subtract # of EE's covered by spouses dental plan</p> <p>_____ Total # of elig. EE's</p> <p>_____ % employer's contribution</p>
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### MONTHLY PREMIUM CALCULATION

DELTA PREMIER PLAN						DELTACARE PLAN					
Type of Coverage	# of Elig EE's	x	Month Rate	=	Premium	Type of Coverage	# of Elig EE's	x	Month Rate	=	Premium
EE Only		x	\$50	=	\$	EE Only		x	\$33	=	\$
EE & Spouse		x	\$97	=	\$	EE & Spouse		x	\$57	=	\$
EE & Child		x	\$97	=	\$	EE & Child		x	\$57	=	\$
Full Family		x	\$117	=	\$	Full Family		x	\$87	=	\$
Subtotal					\$	Subtotal					\$
Admin. Fee					\$ 10.00	Admin. Fee					\$ 10.00
<b>Total</b>					<b>\$</b>	<b>Total</b>					<b>\$</b>

Rates Guaranteed until 10/1/2008

I certify that the information on this application is true and complete.

Signature (Authorized Employer Representative)	Title
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<b>Broker Name</b>	<u>Street, City, State, Zip</u>	<u>Telephone</u>
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<b>Official Use</b>	Account No.	Effective Date	Approved By	Date	Representative
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