

Washington Dental Service 9706 Fourth Avenue NE

9706 Fourth Avenue NE Seattle, WA 98115-2157 **800-367-4104**



320 Westlake Avenue North, Suite 100 Seattle, WA 98109-5233 **888-901-4636**

PARTICIPATION AGREEMENT 2013-2014

Effective	Date:				
W	Options (POS) # Alliant Plus (PC	on #61802 OS) #50929/52172	our group for plann nt a CHANGE?□ Y		Eastern Washington Options (POS) #69476 Alliant Plus (POS) #58139/58199
Are you en	rolling your group	for WDS DENT	AL coverage?	YES N O (minin	um 3 employees)
GROUP I	INFORMATIO	<u>N</u> :			
Street Addr City Billing Add Contact Per Phone Num	ress	Zij	е-г Fa	_ County	
Eligible Ac All Ful All Par Total Numl Total Numl Did your c	rt Time Employees ber of Persons Employees ber of Eligible Em ompany employ 2	s Working s Working ployed (including ployees:	Hours per Mo Hours per Mo owner/proprietor) Total Numl me and/or part time	nth (minimum red	quirement is 60 hours a month) quirement is 60 hours a month) mployees: t least 50% of the workdays of the RA laws? Very Yes No
EMPLOY	EE CLASSES:	(for example, cla	ass I could be attorn	eys and class II	other staff)
I		First	of the Month follow	ing	Months from Hire Date
II		First	of the Month follow	ing	Months from Hire Date
III		First	of the Month follow	ing	Months from Hire Date
change in s	tatus. (No new pro	obationary period.)	ed effective the f	erst of the month following their
	ber of Employees	·	•		
EMPLOY			um requirement is 50		ost)
Class I:	Employee		-	%	
Class II:	Employee		=	%	
Class III:	Employee	%	Dependents	%	

WSBA

Participation Requirements

- 1. Group Health Options, Inc. & Washington Dental Service will be the sole carriers.
- 2. Washington State Bar Association (WSBA) coverage is available to current members of the WSBA. Membership must be maintained during your enrollment in WSBA.
- 3. Groups must be domiciled in Washington State.
- 4. Participant coverage obtained through this application may be terminated for the following reasons:
 - a. Non-payment of premiums
 - b. Participant eligibility requirements are no longer met.
 - c. Membership with the WSBA is terminated.
- 5. Failure to return a completed Participation Agreement prior to the effective date will result in coverage delays. For renewing groups, participation agreement must be received by the 10th of the month prior to the renewal anniversary month. For new business, enrollment forms and full payment must be received by the 10th of the month prior to the month in which coverage becomes effective. Failure to provide all required information may delay implementation of eligibility and benefit coverage.
- 6. Rates are guaranteed from June 1, 2013 until June 1, 2014.
- 7. Sole proprietors and partners are eligible for coverage if they are full-time, active in the business and 75% of the owner's income is derived from the business. For groups of 1 3 employees, 100% of employees not covered by similar existing coverage must participate/enroll. For groups of 4+ employees, at least 75% of eligible employees not covered by similar existing coverage must participate/enroll. (RCW Chapter 48.43)
- 8. Plans with no enrollment will be terminated at the end of the plan year. An employer/employee relationship must exist, with the employee represented on the payroll as receiving a wage or commission. Retirees, independent contractors, and seasonal employees are not eligible for coverage.
- 9. Each employer establishment determines the minimum number of hours worked per month required for employees to be eligible for coverage (minimum requirement is 60 hours per month).
- 10. Coverage for new employees becomes effective the first of the month following the probationary period, as defined by the employer. Up to three (3) separate classes of employees may be established by the employer. Probationary periods for employees must be non-discriminatory.
- 11. The employee, their legal spouse/domestic partner, and/or children up to the age of 26 are eligible to enroll.
- 12. The employer must contribute at least fifty percent (50%) of the employee's healthcare premium. There is no minimum contribution requirement for dependent coverage.
- 13. Plan changes by the employer may only be made during the open enrollment period. Plan changes by the employee and dependents may only be made during the open enrollment period unless a special enrollment entitlement has been met.
- 14. All plans will be considered to have *non-grandfathered status*.

By execution of this Participation Agreement, the participant agrees to be bound by all terms and conditions of the Contract and any existing or future amendments thereto by the Washington State Bar Association, including, without limitation, paying the required monthly premium and furnishing necessary information on covered persons. A copy of said contract is on file with the Washington State Bar Association. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (RCW 48.135.080). Penalties include imprisonment, fines, and denial of insurance benefits.

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I hereby certify that the enclosed information is applicable and complete:	
Authorized Signature and Title	Date