



Application Check List

Details regarding application

- Effective date will be 1st of the month
- Monthly direct billing is not an option – if they do not pay for the year upfront they MUST provide their EFT information
- **Applicant signatures required:**
 - **Page 1 of PDF:** Eligibility
 - **Page 3 of PDF:** EFT information only
 - **Page 5 of PDF:** Credit Card information only
- **Initial premium required:**
 - Check (Month or Year Pay)
 - Money Order payable to EDS (Month or Year Pay)
 - Credit Card (Visa, Am Ex, Discover or MasterCard – used for initial premium only or Year Pay)
- **Ongoing premium payments:**
 - EFT
- **Broker signature required:**
 - Not required
- **Has client provided the Dental Facility they selected?**

Where to submit application

- To BGA Individual department
 - Fax: 602.424.3005
 - Email: individualapplications@blackgould.com

Employers Dental Services

A member of



- ☐ New Enrollment
☐ Payment Method – Bank Draft
☐ Payment Method – Year Pay

**EDS Enrollment
Application & Agreement****Enrollment Information**

(1) Last Name	(2) First Name, MI	(6) Home Telephone
(3) Mailing Address		(7) Work Telephone
(4) City, State	ZIP Code	(8) Social Security Number
(5) Dental Facility Selected: ID number _____ Name of office _____		(9) Date of Birth
(10) Do you wish to cover your eligible dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) Total number of dependents _____		

(12) Dependents List all eligible dependents you wish to cover

Last Name	First Name	Initial	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/> Domestic Partner <input type="checkbox"/> Spouse			
Child			
Child			
Child			
Child			

(13) Agent/Broker Information

EDS Rep	EDS#
Broker Name	Broker#

Eligibility:

Eligible dependents include lawful spouse, domestic partner and children to age 26. Domestic Partners are required to sign an *Affidavit of Domestic Partners* (call EDS to obtain a form). Members may add dependents mid-year if a marriage occurs. Dependent's newborn or adopted children will be eligible immediately upon birth or placement of adoption. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed when they are no longer eligible. **Benefits are available at your selected contracted dental facility only.**

I hereby agree to be bound by the terms of the EDS Individual Pre-paid Plan as set forth in the Dental Enrollment & Coverage Guide for EDS Individuals. **I agree to remain in this plan for a minimum of one (1) year.** I certify that the above information is correct.

Signature **X** _____ Date _____
(Member or Parent/Guardian)

How did you hear about us?

- ☐ Friend or Relative ☐ Dentist ☐ Employer ☐ Prior EDS Member ☐ Other _____

Internal Use Only

Effective Date

To locate a dentist, visit
mydentalplan.net

Employers Dental Services

A member of



Mailing Address:
P.O. Box 36600
Tucson, AZ 85740-6600

**Employers Dental Services
Bank Draft Authorization**

Please print legibly.

Bank Draft Authorization:

Please complete this section to initiate monthly deduction from your bank account.

Bank name _____ ☐ Checking account ☐ Savings account

Routing number (Transit/ABA number) _____ Account number _____

ACH Debits: Employers Dental Services

ID Number: 1860328922

I (we) hereby authorize Employers Dental Services, hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

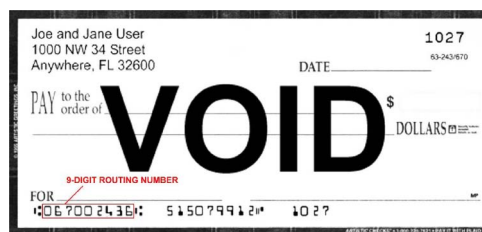
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. All deduction will be made from your savings or checking account between the 15th and 20th of each month. A return item charge will be assessed if an automatic deduction is returned unpaid; the amount of the charge will be at the rate in effect at the time the item is returned to EDS.

Signature _____ Date _____

**Please write VOID on a blank check
and attach here.
(See Example)**



Example



Deadline: Coverage is effective on the first of the current month, when application and payment are received prior to the 10th.

For assistance call Customer Service at 800-722-9772

Employers Dental Services

P.O. Box 36600
Tucson, AZ 85740-6600

Employers Dental Services

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**2012 Payment Method Form
EDS 700R****BANK DRAFT** (Monthly automatic deduction from personal bank account)

	Monthly deduction	One time set up fee	Circle selection and pay this amount
Adult Only	\$18.00	\$10.00	\$28.00
Adult + 1 dependent	\$29.60	\$10.00	\$39.60
Adult + 2 dependents	\$38.50	\$10.00	\$48.50
Adult + 3 or more dependents	\$47.75	\$10.00	\$57.75
Child Only (to age 18)	\$11.90	\$10.00	\$21.90
Enclose payment for first month's premium. Future months' premium will be deducted from your bank account.			\$

YEAR PAY (Pay for 12 months in advance)

	Year pay	Set up fee	Circle selection and pay this amount
Adult Only	\$205.20	No charge	\$205.20
Adult + 1 dependent	\$337.44	No charge	\$337.44
Adult + 2 dependents	\$438.96	No charge	\$438.96
Adult + 3 or more dependents	\$544.32	No charge	\$544.32
Child Only	\$138.12	No charge	\$138.12
Enclose payment for one year			\$

- Credit card payments are available for INITIAL ENROLLMENT only. EDS cannot deduct monthly premiums from a credit card.
- Method payment: check or money order
- Charge my credit card: ☐ Visa ☐ M/C ☐ Am Ex ☐ Discover

Account # _____ Expiration _____ / _____

Signature Code _____ (last 3 digits of number in the signature field on the back of the credit card)

Signature of card holder _____ Date: _____

Check List

1. Enrollment Application & Agreement
2. Check, money order (payable to EDS) or credit card for first month's premium (Bank Draft is for future months' premium)
3. Payment Method Form
4. If Bank Draft, include a *Bank Draft Authorization Form* and a VOIDED check

**Return all items listed on Check List above to EDS,
P.O. Box 36600, Tucson, AZ 85740-6600**

Formal grievance and appeals process

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. EDS members have two levels of review available to them.* They are Standard Appeals Level 2 (formal appeal) and Level 3 (external independent dental review).

There are two types of appeals: an expedited appeal for urgent matters and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patient's condition.

Levels	Expedited Appeals <i>(For urgently needed service you have not yet received)</i>	Standard Appeals <i>(For non-urgent services or denied claims)</i>
Level 1	Expedited dental review	Informal reconsideration
Level 2	Expedited appeal	Formal appeal
Level 3	Expedited external independent dental review	External independent dental review

To submit a request for formal appeal, please send a written request to:

EDS Grievance and Appeals Coordinator

P.O. Box 36600

Tucson, AZ 85740-6600

Phone: 800-722-9772

Fax: 520-696-4311

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy, call our customer service department at:

Phoenix: 602-248-8912 | Tucson: 520-696-4343 | Statewide: 800-722-9772

*The Arizona state legislature has established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (expedited dental review), Level 2 (expedited Appeal) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (informal reconsideration).

Employers Dental Services

A member of



Marketing Department
P.O. Box 36600
Tucson, AZ 85740-6600