SIHO INSURANCE SERVICES

417 Washington Street
Columbus, IN 47201
800-443-2980

SIHO Dental and Vision Plan EMPLOYER Election

SIHO Dental

If employer group has fewer than 50 eligible employees, group must select one plan option. If group has 50 or more eligible employees the group MAY offer 2 plan options.

Plan Selection: Paramount Preferred ❑ Standard ❑ Value ❑

Increase to Annual Maximum: Increase by $500 ❑ Increase by $1,000 ❑
(Available for Paramount, Preferred and Standard Plans only. Cost increase of 14% to regular rates)

There are initially _____ employees enrolled in the Dental Plan

Current Dental Plan

Is the Group currently enrolled under another group dental program? Yes ❑ No ❑

No Waiting Period

Agreement

The undersigned Employer hereby requests participation in the SIHO plan through HRI and hereby accepts and agrees to be bound by the terms and conditions as now in effect or hereafter may be modified.

Employer agrees to make such benefits available to all eligible employees and all employees becoming eligible in the future and to make payroll deductions as required by the plan as applicable to the employees. The employer agrees that at least two (2) employees must be enrolled in the plan to prevent cancellation of coverage. The plan does *not* require any premium contribution from the employer. If employer does contribute to premium, please list contribution percentage: ____%.

Employer declares that to the best of their knowledge and belief that statements and answers are complete and true. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false infor- mation in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Name of Business_____ Authorized Signature_____ Date_____

Employee's Position with Company_____

SIHO Vision

If employer group has fewer than 50 eligible employees, group must select one plan option. If group has 50 or more eligible employees the group MAY offer 2 plan options.

Plan Selection: ❑ 12/12 Plan ❑ 12/24 Plan
There are initially _____ employees enrolled in the Vision Plan

Agreement

The undersigned Employer hereby requests participation in the SIHO plan through EyeMed (Insight network) and hereby accepts and agrees to be bound by the terms and conditions as now in effect or hereafter may be modified.

Employer agrees to make such benefits available to all present employees and all employees becoming eligible in the future and to make payroll deductions as required by the plan as applicable to the employees. The employer agrees that at least two (2) employees must be enrolled in the plan to prevent cancellation of coverage. The plan does *not* require any premium contribution from the employer. If employer does contribute to premium, please list contribution percentage: ____%

Employer declares that to the best of their knowledge and belief that statements and answers are complete and true. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false infor-mation in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee's Position with Company_____

Name of Business_____ Authorized Signature_____ Date_____