

*Something to  
Smile about...*



## **Group Administrator Manual**

*for Voluntary Plans*

April 2005

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## Section 1 – General Information

This Group Administrator Manual is intended to assist you with the administration of the group plan(s) purchased from Golden West Dental & Vision. This manual does not supersede the terms of any Group Policy(ies) or Certificate(s) of Coverage applicable to the coverage you have purchased from Golden West. In the event of a conflict between the terms of this manual and the terms of the Group Policy or Certificate of Coverage, as the case may be, the terms of the Group Policy or Certificate of Coverage will govern. You should refer to the Group Policy(ies) and the applicable Certificate(s) of Coverage for specific terms regarding the benefit plans.

HMO dental and vision products are underwritten by Golden West Dental & Vision. All PPO plans offered by Golden West Dental & Vision are underwritten by UniCare Life and Health Insurance Company. The dentists that are part of the network of providers are independent contractors who exercise independent judgment and over whom neither Golden West nor UniCare have control or right of control. They are not agents or employees of Golden West or UniCare. When the primary insured or covered family member seeks care from a provider, either directly or by referral from another provider, they are seeking care from that provider, not from Golden West or UniCare. In fact, Golden West's and UniCare's contracts with providers expressly require that those providers exercise independent professional judgment and discuss all treatment options with the insured, even those that might not be eligible for benefits under the Certificate of Coverage. Golden West's and UniCare's decisions about whether any dental service or supply is covered under the Certificate of Coverage are insurance benefit decisions only and are not the provision of dental care. Golden West and UniCare are not responsible for, does not provide, and does not hold itself out as the provider of dental care. Only dentists who provide treatment can provide dental care, and only those dentists are responsible for any negligence in providing dental care. If a service or supply is not eligible for benefits, the insured and his/her provider are free to proceed with that service or supply knowing that benefits are not available under the Certificate of Coverage.

## Section 2 - Important Contacts

| Questions about.....   | Contact              | Phone Number                          | Address   |
|--|----------------------|---------------------------------------|---|
| Premiums or Billing  | Membership & Billing | (800) 219-9217<br>Fax: (805) 987-7491 | Golden West Dental & Vision<br>P.O. Box 5066<br>Oxnard, CA 93031-5066 |
| Membership Forms<br>(new enrollment,<br>changes, terminations) | Membership & Billing | (800) 219-9217<br>Fax: (805) 987-7491 | Golden West Dental & Vision<br>P.O. Box 5066<br>Oxnard, CA 93031-5347 |
| Benefits and Eligibility                                       | Member Services      | (800) 995-4124                        |   |
| Duplicate ID Card  | Member Services      | (800) 995-4124                        |   |
| HMO Provider<br>Selection/Change                               | Member Services      | (800) 995-4124                        |   |
| Dental Claims  | Member Services      | (800) 995-4124                        | Golden West Dental & Vision<br>P.O. Box 5347<br>Oxnard, CA 93031-5347 |
| Forms and Supplies   | Supply Department    | (800) 219-9216<br>Fax: (805) 987-2205 | Golden West Dental & Vision<br>P.O. Box 5347<br>Oxnard, CA 93031-5347 |
| Group Benefit<br>Modifications                                 | Dental Underwriting  | (800) 219-9216<br>Fax: (805) 987-2205 | Golden West Dental & Vision<br>P.O. Box 5347<br>Oxnard, CA 93031-5347 |

## Section 3 – Self-Service Options

### INTERNET

Golden West is committed to providing members and group administrators with easy access to information important to them. A comprehensive source of information can be found on our Web site at [www.goldenwestdental.com](http://www.goldenwestdental.com).

#### ***For Group Administrators:***

This portion of the site provides access to forms and group administration information, including:

- Printable forms:
  - Employee Enrollment Form
  - Employee Change of Status Form
  - Group Master Application
  - Group Information Change Form
  - Dependent Verification Form
- Printable HMO plan copayment schedules
- Frequently Asked Questions (FAQ's)
- View and print the Group Administrator's Manual
- Supply Request Form
- Important telephone numbers and addresses
- HIPAA Privacy for Employers

To access the Group Administrator section of the Web site, go to [www.goldenwestdental.com](http://www.goldenwestdental.com). Click on "Employer Area".

Save time. Experience online convenience and watch for future Web site enhancements.

#### ***For Members:***

Information and forms available in the Member Area of the site includes:

- Provider Finder
- Frequently Asked Questions (FAQ's)
- Glossary of Dental and Vision Terms
- HMO plan copayment schedules
- Employee Change of Status Form
- Claim forms
- Dependent Verification Form
- Authorization to Release Personal Health Information
- Electronic Complaint/Grievance Form

## Section 4 — Enrollment Guidelines

### GROUP ELIGIBILITY PERIOD

The group eligibility period is a required period of continuous, full-time employment that must be completed before an eligible employee may apply for Golden West coverage. The length of the eligibility period may be one to six months, or no waiting period (first of month following date of hire), as selected by the group and agreed to by Golden West. This eligibility period applies to all new hires.

It is possible for an employer to select two different eligibility periods to accommodate various classes of employees within the group. In order to do so, however, there must be a clear definition and distinction of the class of employees subject to each eligibility period. A second eligibility period cannot be established without these definitions. Employee Enrollment Forms must be submitted with instructions as to which eligibility period will apply. Golden West may require verification of the employee's status relative to the requested eligibility period. Employee Enrollment Forms for employees who do not meet the definition of eligible employees for a specific type of eligibility period will not be processed.

### ELIGIBLE EMPLOYEES

An eligible employee is a permanent full-time employee, who usually works at least 30 hours per week in the conduct of the group's business. Sole proprietors, partners, and corporate officers are also eligible to enroll if they are actively engaged on a full-time basis with a normal schedule of at least 20 hours per week.

An employee must be included in an enrollment class for which the group has made application to Golden West by way of the Group Master Application and which Golden West accepts.

#### *Employees Residing Outside of California*

For employer groups with 2-125 total eligible employees, no more than 10% of all employees can reside outside of the State of California. Golden West's HMO dental, vision, and orthodontic plans are available only to employees residing in California. Employees who live outside of California are eligible only for PPO plan options.

#### *Ineligible Employees*

Temporary, substitute, contract, leased, seasonal (defined as "employees hired with a planned future termination date") or persons compensated on an IRS 1099 form are **not** eligible for coverage.

### ELIGIBLE DEPENDENTS

The following persons, if not otherwise covered as subscribers in your Golden West plan or in military service, are considered eligible dependents:

- The employee's lawful spouse or domestic partner.
- The employee's, spouse's, or domestic partner's unmarried natural child, stepchild, or legally adopted child if they meet any of the following criteria:
  - a. Unmarried children up to age 19 who qualify as dependents for federal income tax purposes or for whom the employee, spouse, or domestic partner is legally required to provide group health coverage for the child pursuant to an administrative or court order..
  - b. Unmarried children from the 19<sup>th</sup> to the 23<sup>rd</sup> birthday (unless maximum age is otherwise stated in your employer group contract) who qualify as dependents for federal income tax purposes and who are full-time students (12 or more credit hours) attending an accredited college, university, vocational or technical school. Certification of the child's full-time student status is required annually until age 23.

- c. Unmarried children who are enrolled in the employer's Golden West plan prior to reaching the applicable limiting age for a dependent child, who are incapable of self-sustaining employment due to mental retardation or physical handicap. A physician must certify this disability in writing. This certification must be received by Golden West within 30 days of reaching the applicable limiting age and not more frequently than annually thereafter.

**Definition of Domestic Partner:**

Domestic partner is defined as the insured employee's same sex or opposite sex partner in residence, subject to the following conditions:

- They are both 18 years of age or older.
- They share the same regular and permanent residence with the current intent to continue doing so indefinitely.
- They must have either filed a Declaration of Domestic Partnership with the Secretary of State of the state of California in accordance with Section 298.5 of the Family Code, or
- Have been issued an equivalent document by a local agency of California, another state, or a local agency of another state under which the partnership was created; and
- The domestic partnership has not terminated.

The term "they" refers to both the insured employee and the domestic partner. Domestic partner does not include any person who is (a) covered as an insured employee, or (b) spouse.

**COVERAGE EFFECTIVE DATES**

The effective date of coverage for new employees and their dependents is determined by Golden West and is dependent upon the following items:

- The date of hire
- The group eligibility period selected by the employer
- The date the application is signed by the employee
- The date the fully completed application is received and approved by Golden West.

Effective dates must be the first of the month and are determined as follows:

**For Employees:**

- Any person who qualifies as an eligible employee on the day prior to the initial effective date of the group, or any person who has continued group coverage with the group on the date immediately preceding the effective date, is eligible as of the effective date of the group. The application for this eligible employee should be submitted with the group application.
- The effective date for an employee who becomes eligible after the effective date of the group policy will be the first of the month following expiration of the employee's eligibility period, provided we receive a fully completed application prior to the employee's initial eligibility date. Applications will be accepted up to 31 days after the initial eligibility date; however, the effective date will be the first of the month following the date we approve the application.

**For Dependents:**

- If a person meets the definition of an eligible dependent on the date the eligible employee is qualified to apply for the plan, then the eligible dependent qualifies to apply at the same time that the eligible employee applies, and should be included on the eligible employee's application.
- For a person who becomes an eligible dependent after the date the eligible employee's coverage begins, the eligible dependent must submit application within 31 days following the date he or she meets the definition of an eligible dependent. The effective date will be the first of the month following the date the dependent is qualified to apply for the plan.



Applications with missing information are considered to be incomplete and will be returned for completion. **The date upon which the fully completed application is once again received by Golden West is used in determining the effective date.** Fully completed applications must be received prior to the effective date requested and within the eligibility period.

If an eligible employee chooses to decline coverage for themselves and/or their eligible dependent(s), the employee must complete the coverage declination on the Employee Enrollment Form.

**Important Note:** *It is the employer's responsibility to ensure that applications requesting coverage for each eligible employee are completed and forwarded to Golden West on a timely basis. Failure to do so may result in delays in the employee receiving coverage or reduced coverage, which may expose the employer to liability to the employee and to Golden West.*

*If the employee or dependent is enrolling in the HMO dental plan, enrollment forms must be received before the 20<sup>th</sup> of the month or the member's coverage for the following month may not be reflected on the eligibility statement at the selected dental office. In this event, coverage will need to be confirmed by Golden West Member Services if treatment is desired during the first month of coverage.*

## ENROLLING EMPLOYEES

### **Enrolling New Hires**

A new Employee Enrollment Form must be fully completed, signed and dated by the employee. The effective date of coverage must be the first of the month. There are no exceptions to these requirements. Incomplete applications will not be processed, which may cause a delay in the date coverage begins for the employee.

The application must be received by Golden West after the date of hire and before the last day of the month following the end of the group eligibility period selected by the group. Applications must also be received no later than the last day of the month prior to the requested effective date. It is recommended that applications be submitted immediately once an employee is hired. Coverage will not begin until the first of the month following completion of the group eligibility period.

If a husband and wife are both employed by the same company, they must apply separately as employees. Any child(ren) of said employees will be eligible as a dependent only under one employee.

**Please do not include premium payment when submitting applications or changes.** Adjustments will be reflected on a later bill.

**Important Note:** *Additional enrollment requirements and contract provisions apply to True Advantage Voluntary PPO plans. If application for employees or their dependent(s) is not received within 31 days of initial eligibility, the eligible employee or dependent must wait until the next open enrollment period to enroll in the Voluntary PPO.*

### **Enrolling Re-Hired Employees**

If an enrollee's employment with the group is terminated and the employee is later rehired, certain restrictions apply. If the employee is rehired by the group within 30 days of termination, coverage will be resumed with no lapse upon receipt of a written request from the employer. If the employee is rehired more than 30 days after their termination date, the employee is considered to be a new employee, subject to applicable waiting periods and must complete a new Employee Enrollment Form.

## ***Employees And/Or Dependents Who Previously Declined Coverage***

Eligible employees who initially decline coverage for themselves and/or their eligible dependents during their initial eligibility period because they have other dental insurance coverage may enroll within 31 days after that other coverage terminates, if the following requirements are met:

- a. Employee or dependent was covered under another dental plan, including coverage under a COBRA continuation.
- b. Employee or dependent lost coverage under the other dental plan, or coverage under COBRA continuation was exhausted.
- c. An application is properly submitted within 31 days from the date on which the employee or dependent lost coverage.

## **ENROLLING DEPENDENTS**

**Dependents of Newly Hired Employees:** Newly eligible employees should include coverage for dependents with their initial application. If coverage for dependents is declined, the coverage declination section should be completed.

**Dependents of Employees Already Enrolled:** To enroll the dependents of employees already enrolled in the plan, submit an Employee Change of Status Form along with any additional required documentation. Golden West will determine the effective date of dependent coverage based on the date the dependent became eligible to enroll, the date the fully completed application is received by Golden West and when Golden West approves the application.

All applications must be approved by Golden West in order for coverage to go into effect. In no event will an eligible dependent's coverage become effective prior to the eligible employee's effective date of coverage.

### ***New Spouse or Domestic Partner***

Application for coverage for a new spouse or domestic partner must be submitted to Golden West within 31 days of the marriage or domestic partner registration. Coverage for the new spouse or domestic partner will begin on the first day of the month following receipt of the completed Employee Change of Status Form.

### ***Newborn Children***

Coverage will be automatic for the first 31 days following the birth of an insured employee's newborn child. To continue beyond 31 days, the newborn child must be enrolled within 31 days of birth. To add newborns, an Employee Change of Status Form must be submitted to Golden West.

Employees have the option to wait to enroll dependent children for dental and/or vision coverage until the age of two (2) years. An Employee Change of Status Form must be submitted to Golden West no later than 31 days after the second birthday.

A spouse (if already married) or domestic partner who is eligible but not enrolled, may also enroll at the time of the birth or adoption of a child. Application must be made within 31 days of the birth or date of adoption. Coverage will be effective as of the first day of the month following the date of birth or adoption.

### ***Court-Ordered Coverage for a Dependent***

If a court has ordered an insured employee to provide coverage for an eligible dependent who is a spouse or minor child, coverage will be automatic for the first 31 days following the date on which the court order is issued. To continue coverage beyond 31 days, an insured employee must enroll the eligible dependent within that 31 day period. A copy of the court order is required with application.

### **Adopted Children**

A child who is in the process of being adopted is considered a legally adopted child if we receive legal evidence of both: (1) the intent to adopt, and (2) that the employee or spouse have either the right to control the health care of the child or have assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption. An insured employee's adopted child is automatically covered for 31 days from the date of adoption or initiation of a suit of adoption. To continue coverage beyond 31 days, an insured employee must enroll the adopted child within 31 days from either the date of placement or the final decree of adoption. A copy of final adoption papers is required with the application.

A spouse (if already married) or domestic partner who is eligible but not enrolled, may also enroll at the time of the birth or adoption of a child. Application must be made within 31 days of the birth or date of adoption. Coverage will be effective as of the first day of the month following the date of birth or adoption.

### **Other Dependents**

A written application must be received within 31 days of the date that a person first qualifies as an eligible dependent. Coverage will become effective on the first day of the month following the date of approval.

## **MAXIMUM DEPENDENT AGE**

Our standard contract permits coverage for unmarried children, from age 19 to the 23rd birthday, unless coverage for a different dependent maximum age has been requested and approved by Golden West. In order for coverage to continue for dependents over the age of 19, they must qualify as a dependent for federal income tax purposes and be a full-time student or be incapable of self-sustaining employment due to a physical handicap or mental retardation. Upon initial enrollment of a dependent over the age of 19, the following documentation must accompany the application for coverage.

A dependent over the age of 19 who enters or returns to an eligible status will become eligible for coverage on the first day of the month following the date an enrollment application is filed on their behalf.

| <b>Status</b>   | <b>Documentation Required</b>  |
|---|--|
| Full-time student between the ages of 19 and 23 attending an accredited college, university, vocational or technical school, carrying 12 or more credits/units, and qualifies as a dependent for federal income tax purposes. | Dependent Verification Form  |
| Over age 19 and incapable of self-sustaining support due to physical handicap or mental retardation.  | 1. Dependent Verification Form<br>2. Certification from attending physician that dependent is incapable of self-sustaining support due to physical handicap or mental retardation. |

## **LATE ENROLLEES/OPEN ENROLLMENT**

If an application for an employee or dependent enrolling in the True Advantage Voluntary PPO Plan is received more than 31 days after becoming eligible, the subscriber and/or eligible dependent(s) will be considered a Late Enrollee and will be required to wait until the group's anniversary date to obtain coverage. This is known as "Open Enrollment".

The process for Open Enrollment is the same as if the group were adding an employee upon its anniversary date. All employees who previously declined to enroll, who wish to enroll, must complete an Employee Enrollment Form. Please consult the Certificate of Insurance for exceptions due to Special Enrollment Periods.

## **HOW TO SUBMIT ENROLLMENT FORMS**

All employee applications and changes should be mailed or faxed to:

Golden West Dental & Vision  
PO Box 5066  
Oxnard, CA 93031-5066

Fax: (805) 987-7491

## **TIPS FOR COMPLETING ENROLLMENT FORMS**

- Use black or blue ink and print clearly.
- Make sure all required areas of the form are fully completed.
- The application must be signed and dated by the employee.
- Any and all corrections must be made clear and initialed by the applicant.
- If an HMO dental plan is selected, a Network General Dentist, Orthodontist, and Vision Provider must be selected for each family member (up to three providers per family). Include the office numbers on the form in the appropriate boxes.
- If a PPO dental plan is selected which includes an HMO vision and/or ortho plan, the employee must select a vision provider and/or orthodontist, and include the office number(s) on the form in the appropriate boxes.
- Employee's Social Security number is required.
- If employee is declining coverage for him or herself or any family members, Sections 1 and 4 of the Employee Enrollment Form must be completed, signed and dated by the employee.

## Forms Guide

Following is a chart that outlines the guidelines and forms required for the most commonly requested membership and group changes. See Page 13 for additional documentation requirements.

| ACTION  | Employee Enrollment Form | Employee Change of Status Form | Group Information Change Form | COMMENTS   |
|---|--------------------------|--------------------------------|-------------------------------|--|
| Add a new employee to the plan  | X                        |                                |                               | Submit prior to the effective date and within the group eligibility period. Coverage for eligible dependents should be requested at the same time under Section 3. If enrolling dependents, additional documentation may be required.  |
| Add dependents for an existing employee   |                          | X                              |                               | Additional documentation may be required depending on type of dependent. Submit within 31 days of initial eligibility.   |
| Decline coverage for an eligible employee and/or dependents                                     | X                        |                                |                               | Sections 1 and 4 must be completed.  |
| Terminate an employee's coverage  |                          |                                | X                             | Submit immediately upon termination to Membership & Billing.   |
| Discontinue coverage for employees and dependents who still remain eligible under the plan.     |                          | X                              |                               | Submit prior to the requested termination date.  |
| Enroll employee who previously declined coverage due to coverage elsewhere                      | X                        |                                |                               | Submit prior to the effective date and within 31 days of loss of other coverage.   |
| Enroll dependent who previously declined coverage due to coverage elsewhere                     |                          | X                              |                               | Submit prior to the effective date and within 31 days of loss of other coverage.   |
| Provide notification of a COBRA or Cal-COBRA qualifying event for an employee and/or dependents |                          |                                | X                             |  |
| Change an employee's address  |                          |                                | X                             | Request can also be made by the employee directly by submitting an Employee Change of Status Form or by calling Member Services. Note: Moving outside of the State of California may affect plan options available.  |
| Change in provider selection (HMO dental, ortho and vision plans only)                          |                          | X                              |                               | Request must be made prior to the 20 <sup>th</sup> of the month in order to be eligible for services in the new provider's office on the first of the following month. Change in provider selection can be made no more than once per month. Request can also be made by the employee directly by calling Member Services. |
| Switch Plan Options (for groups with Multiple Plan Options)                                     | X                        |                                |                               | If multiple plan options are available to the employee, switching plans can only be done during group's annual enrollment period. Effective date must be the date of group's renewal/anniversary date.   |

## **Enrolling New Dependents – Application Requirements**

When enrolling dependents of employees already enrolled in the plan, additional documentation may be required. Please submit additional documentation along with the Change of Status Form.

| <b>Type of Dependent</b>   | <b>Application must be received:</b>                                  | <b>And must include:</b>   |
|--|---|--|
| New spouse or domestic partner                                       | Within 31 days of marriage or domestic partner registration           |  |
| Newborn child  | Any time prior to child's second birthday.                            |  |
| Adopted child  | Within 31 days of adoption, or prior to child's second birthday.      | Copy of final adoption papers  |
| Stepchild  | Within 31 days of marriage  |  |
| Dependent child between ages 19 to 23                                | Within 31 days of initial eligibility                                 | Dependent Status Verification  |
| Dependent whose coverage is ordered by a court ruling                | Within 31 days following the date on which the court order is issued. | If employee is already enrolled, submit copy of court order in addition to Change of Status Form |
| Dependent who previously declined coverage due to coverage elsewhere | Within 31 days of loss of other coverage                              |  |

## Section 5 — Example of How to Determine Effective Dates for New Hires

### Effective Dates for New Hires

|      |  |                         |
|------|--|-------------------------|
| IF   | the employee is hired on   | January 6 <sup>th</sup> |
| AND  | the employee's group has a 2-month eligibility period  |                         |
| THEN | the employee fulfills his/her requirements on  | March 6 <sup>th</sup>   |
| AND  | the employee's proposed effective date would be the first of the month following the end of the eligibility period, which is | April 1st               |

The employee's fully completed enrollment application must be received by Golden West prior to April 1<sup>st</sup> if requesting an April 1st effective date.

If the fully completed application is received between April 1<sup>st</sup> and April 30<sup>th</sup> (within thirty (31) days of the proposed effective date), Golden West will assign an effective date on the first of the following month, which would be May 1<sup>st</sup>.

If the fully completed application is received more than thirty (31) days after the proposed effective date, Golden West will assign an effective date on the first of the following month. If the fully completed application is received more than thirty (31) days after the proposed effective date, and the employee is enrolling in the group's PPO plan, the employee will be considered a Late Entrant and the employee must wait until the next Open Enrollment Period to enroll.

**The actual effective date will be assigned by Golden West after the application is received and accepted by Golden West. No retroactivity by the group will be allowed.**

|   | Employee #1 | Employee #2 | Employee #3 | Employee #4  |
|---|-------------|-------------|-------------|--------------|
| <b>Hire Date</b>                                    | 6/1         | 6/5         | 6/9         | 6/11         |
| <b>Waiting Period (2 months)</b>                    | 8/1         | 8/5         | 8/9         | 8/11         |
| <b>Proposed Effective Date</b>                      | 8/1         | 9/1         | 9/1         | 9/1          |
| <b>Complete Application Received*</b>               | 7/2         | 8/10        | 9/15        | Late: 10/3** |
| <b>Golden West will assign this effective date:</b> | 8/1         | 9/1         | 10/1        | 11/1         |

\* Applications returned for missing information will not be considered "complete" until Golden West has received all information required to process the application.

\*\* Employee #4's application was received more than thirty (31) days after the proposed effective date. He/she is now considered a Late Entrant if the employee is enrolling in the PPO plan. The employee must wait until the next Open Enrollment Period to enroll.

## Section 6 — Membership Changes

### DELETING EMPLOYEES FROM THE PLAN

Employees may be deleted from the plan due to termination of employment, ineligibility for coverage under the plan, or when the employee wishes to voluntarily terminate coverage regardless of employment status or eligibility. The employee must be terminated from the plan if any of the following situations occur:

- Employment is terminated
- An employee is on leave of absence and the time period that the employer covers employees on leave has expired
- An eligible employee becomes ineligible by converting to one of the following types of employee: temporary, substitute, leased, or contract, or whose compensation is reported on an IRS 1099 form.
- An employee otherwise becomes ineligible to participate in the plan
- The employee no longer wants to continue federal COBRA coverage

#### **Deleting Terminated Employees**

Golden West must be notified on a timely basis of all employment terminations. Terminations should be submitted on a Group Information Change Form by mail or fax. Due to notification requirements mandated by COBRA and Cal-COBRA, terminations should be reported to Golden West as they occur. It is not necessary to delay this notification until you are preparing your monthly payment. The notice should be faxed to (805) 987-7491 or mailed to:

Golden West Dental & Vision  
PO Box 5066  
Oxnard, CA 93031-5066

If faxing documentation, it is not necessary to mail the originals. **Please do not include the Group Information Change Form with your monthly payment.**

Employers are obligated by law to allow employees to remain on the plan until their employment has been terminated. The employee will be deleted from the plan effective the last day of the month in which notification is received. Timely notification of terminations is required to assure that coverage does not extend beyond the month that termination occurred and to comply with COBRA and Cal-COBRA notification requirements. Delayed notification will prevent timely cancellation of coverage in addition to providing continued coverage for otherwise ineligible members. **Retroactive terminations by the group will not be allowed.**

Please do not delete any premiums for cancelled members from your billing statement. A credit for the deletion will be reflected on future billing.

**Important Note:** *When a member's employment with the group has been terminated, they must be cancelled from the group as an active employee. When coverage ends for an employee, it will also end for all of that employee's dependents. If the employee or dependent(s) is eligible for COBRA or Cal-COBRA and later selects this option within guidelines described by law, Golden West will re-enroll the member with COBRA or Cal-COBRA coverage. The employer is obligated under law and by contract to Golden West to notify employees of termination of coverage and of any rights to continue coverage. Failure to do so exposes the employer to liability to the employee and to Golden West.*



## **Deleting Employees Who Remain Eligible But Discontinue Coverage**

Enrolled employees who wish to terminate coverage must complete an Employee Change of Status Form. The employee's coverage will be terminated as of the last day of the month in which the completed request to terminate coverage is received.

Important Note: Employees who remain employed and are already enrolled in the plan and then choose to discontinue coverage may be subject to reduced benefits should they wish to re-enroll at a later date. Employees enrolled in the Voluntary PPO Plan who voluntarily terminate coverage will not be allowed to re-enroll in the Voluntary PPO Plan.

## **DELETING COBRA MEMBERS**

COBRA members are subject to the same grace period that the group is allowed. It is the responsibility of the group to delete the COBRA member in a timely manner if payment is not received within the specified grace period. Retroactive terminations will not be allowed beyond the original grace period.

## **WHEN TO REMOVE A DEPENDENT FROM GROUP COVERAGE**

Sometimes a dependent of a covered employee becomes ineligible for coverage while the employee remains eligible. This situation arises when:

- A dependent child reaches the age of 19 and is not re-certified as a full-time student and fully dependent upon the employee for support.
- A dependent child, age 19 to 23, ceases to be a full-time student and fully dependent upon the employee for support.
- A dependent child reaches the age of 23 (or maximum dependent age as specified in your group contract), and is not mentally or physically disabled.
- A dependent child marries.
- A dependent spouse divorces, annuls, or is legally separated from the employee.
- COBRA coverage has been exhausted.
- A dependent no longer meets the requirements as defined under Eligible Dependents.
- The employee voluntarily ends coverage for his/her dependent(s).

Dependent terminations should be submitted on an Employee Change of Status Form.

## **OVER AGE DEPENDENTS**

The plan permits coverage for unmarried children, from age 19 to the 23rd birthday, if they are full-time students or incapable of self-sustaining employment due to a physical or mental handicap and are fully dependent upon the employee for support. Prior to the child's 19th birthday, Golden West will notify the employee via letter that the child will be "over age" according to the terms of the plan, and dependent certification is needed in order to continue coverage. If the child is eligible for coverage beyond age 19, the employee must return the dependent certification form within sixty (60) days of receipt of notification. If verification of the dependent's eligibility is not received within sixty (60) days, the dependent will be terminated on the next first of the month. Certification requirements will continue annually to the dependent's 23rd birthday. Dependent children will be terminated automatically on the last day of the month following the dependent's 23<sup>rd</sup> birthday.

Coverage may continue after the dependent's 23<sup>rd</sup> birthday, if the child is fully dependent on the insured employee, spouse, or domestic partner and is incapable of self-sustaining employment due to a physical handicap or mental retardation. A physician must certify this disability in writing. Physician certification must be received within 30 days of the date the child otherwise becomes ineligible. We may request proof of continuing dependency and disability when a period of two years has passed, but not more often than once each year.

## ADDRESS CHANGES

Notification of employee address changes can be submitted via the Group Information Change Form or the Employee Change of Status Form. Employees may also call our Member Services Department.

Please note that address changes may impact the plan selection available to the employee and/or their HMO provider selection. It is therefore important that Golden West be notified of address changes in a timely manner.

## MULTIPLE DENTAL PLAN OPTIONS

If your group offers multiple dental plan options to each employee, employees may switch their plan choice only at the time of the group plan's annual renewal. Your group's annual renewal period is the thirty days prior to your group policy renewal (Anniversary Date).

In order to request a change of plan options, have the employee fully complete an Employee Enrollment Form indicating their new plan choice and submit to Membership & Billing prior to the Anniversary Date. The effective date of enrollment in the new plan will be the date of your group policy renewal.

## LEAVE OF ABSENCE

### ***Temporary Personal Leave of Absence***

The employer determines the length of time that plan benefits will remain in effect in the event of a Temporary Personal Leave of Absence. In no event shall this period exceed three months. If approved by the employer, enrolled employees are eligible to continue group coverage for themselves and their enrolled dependents for a maximum period of up to three months. In addition, monthly premiums will continue to accrue during the Temporary Personal Leave of Absence period and the employer must continue to pay the required monthly premiums. The employer may, however, request that the employee contribute the premium during this period. After the expiration of the leave of absence continuation of coverage, an enrollee may elect to continue coverage under COBRA or Cal-COBRA, as applicable.

### ***Temporary Medical Leave of Absence***

The employer determines the length of time that plan benefits will remain in effect in the event of a Temporary Medical Leave of Absence. In no event shall this period exceed six months. If approved by the employer, enrolled employees are eligible to continue group coverage for themselves and their enrolled dependents for a maximum period of up to six months. In addition, monthly premiums will continue to accrue during the Temporary Medical Leave of Absence period and the employer must continue to pay the required monthly premiums. The employer may, however, request that the employee contribute the premium during this period. After the expiration of the leave of absence continuation of coverage, an enrollee may elect to continue coverage under COBRA or Cal-COBRA, as applicable.

**It is the employer's responsibility to notify Golden West as soon as the Temporary Leave of Absence ends and COBRA or Cal-COBRA coverage begins.**

## CONTINUATION OF COVERAGE

### ***Federal COBRA***

Under certain circumstances, COBRA requires employers with 20 or more employees (part-time, seasonal and full-time), employed for 50% or more of the working days in the preceding calendar year, to provide a continuation of group health coverage. Administration for the purpose of compliance with COBRA is the obligation of the employer under this federal law. Golden West is not responsible for COBRA administration. You, the employer, are responsible for notifying the employee and/or dependents about COBRA, and for providing satisfactory notice to employees regarding COBRA benefits, as well as disclosure and other administrative obligations imposed under COBRA law.

Terminated employees are entitled to eighteen (18) months of continued coverage under the group health plan, or a longer period in certain circumstances. Dependents may be entitled to up to thirty-six (36) months of coverage. The employer shall notify the former employee of the availability of extended health coverage within fourteen (14) days of the qualifying event.

Please use the Group Information Change Form to notify Golden West when an insured is opting for COBRA. Eligible former employees have a sixty (60) day election period. If COBRA is elected within the required sixty (60) day decision period, Golden West will reinstate the employee and/or dependents back to their original termination date without a lapse in coverage. Please submit a separate Employee Enrollment Form for dependents who are continuing coverage. A dependent is eligible when there is a divorce, death of a subscriber, or a dependent child becomes overage.

If you are not sure whether federal COBRA laws apply, please seek legal counsel or contact your local IRS office. Golden West does not provide legal advice or opinions. If you have any questions regarding your responsibilities under the law, you should seek the advice of legal counsel.

## **Cal-COBRA**

Under California law AB1401, Cal-COBRA provides continuation of coverage for groups who have 2 to 19 eligible employees for at least 50% of the working days in the previous calendar year.

An employee and his/her eligible dependents are eligible for continuation of coverage under Cal-COBRA for up to 36 months, if group coverage is terminated. The maximum period of Cal-COBRA continuation is based on qualifying event as described below:

### **Employees** (18 months of coverage)

- Termination of employment
- Reduction of hours

### **Dependents** (36 months of coverage)

- Death of the insured employee,
- Divorce or legal separation from the insured employee,
- The end of a child's status as a dependent child, as defined by the certificate,
- The insured employee's entitlement to Medicare, or
- The loss of eligible status by an enrolled family member.

Employees who are disabled may be eligible to extend their coverage an additional 18 months if they submit proof of disability during the first 18 months of Cal-COBRA and no later than 60 days after the Social Security Administration determines disability status. The employee must have been deemed disabled either at the time of termination of employment or reduction in hours, or at any time during the first 60 days of the Cal-COBRA continuation period.

Notification of a qualifying event to Golden West is the subscriber's responsibility, **except** that the employer must notify Golden West in the event of termination of employment or a reduction in hours, within 31 days from the date the event occurred. Golden West must be notified of the occurrence of any other qualifying event by the subscriber within 60 days of the event.

Within 14 days of notification to Golden West of a qualifying event, the subscriber will receive notice from Golden West regarding enrollment and premium for the continuation of coverage. Continuation of coverage offers the same dental coverage in effect at the time of the subscriber's qualifying event. The subscriber's coverage is subject to the same changes in benefits and premiums that affect the group plan.

Golden West will mail a monthly premium billing directly to the subscriber. The monthly premium will include a 10% administration fee (50% for members who are covered during the 11-month extension due to disability). It is the responsibility of the subscriber to pay the premium each month. Premiums begin to accrue from the date of cancellation of coverage for the employee under the group policy. No lapse in coverage may occur, therefore premiums from the date of cancellation are due through the date of Cal-COBRA election. Failure to pay within the specific deadline will result in termination of coverage with no option to reinstate.

### BILLING CYCLE

You will receive two copies of your monthly billing statement by the first of every month. One copy should be returned with your payment. You may keep one copy for your files. The statement will be for the following month's service and will include all membership activity received and processed prior to the date the statement was printed.

The statement will include the due date, premium being billed for the current month, any amount due from the previous month, payment(s) received after the prior billing cycle, any applicable fees, and total amount due. If your coverage includes more than one dental or vision plan, each plan will be listed separately and subtotaled. It is important for Golden West to know how to apply your payment to your account. Please submit a single check with your group billing before your due date and write your employer group number on the check. It is not necessary to submit a separate check for each plan.

**It is the group's responsibility to check each monthly billing statement for accuracy and to notify Golden West immediately if there are discrepancies.**

**Important Note:** *Payment must be received on or before the due date shown on the bill or the premium will be considered delinquent and your group policy will be subject to cancellation.*

### PREMIUM PAYMENTS

#### **Adjustments to Your Bill**

Remittance of a premium payment other than the amount indicated on your bill may result in a premium shortage or overage. Do not send premiums for new employees being added to the group or that do not appear on the bill. These premiums will be included on a subsequent bill, after the applications have been processed and approved by Golden West. Please do not submit new applications with your bill. Send applications at the time a new employee becomes eligible to enroll. Membership & Billing will process the application upon receipt and according to the terms of your group's eligibility period.

Credit should not be taken for deleted employees. Premium payments should be made as billed. It is recommended that terminations be submitted to Golden West as they occur for timely processing. Credit for terminations will be reflected on your next scheduled billing statement after the deletions have been processed by Golden West.

If your monthly payment results in a shortage, Golden West will mail or fax a shortage letter explaining the discrepancy and request immediate payment. Any delay in payment may result in cancellation of your policy. If you have any questions regarding your billing statement, please contact your Account Coordinator at the phone number listed on your bill.

**Important Note:** *Please **do not** submit employee termination(s) with your premium payment. Refer to the address and/or fax number listed on the Group Information Change form and at the beginning of this manual.*

### **Where to Mail Your Payment**

To ensure that your premium payment is received and processed promptly, please mail your check and one copy of your monthly billing statement to:

Golden West Dental & Vision  
PO Box 5066  
Oxnard, CA 93031-5066

Please note that deposit of the check is not necessarily an acceptance of the payment or a guarantee of coverage.

### **ADMINISTRATIVE FEES**

Golden West will assess administrative fees upon the occurrence of specific events. Once an administrative fee is assessed, it is considered due and payable with the next premium installment. The assessment of any fee does not prevent the assessment of any subsequent or additional fees to a single premium.

#### **Returned Check Fee**

A returned check fee of \$25.00 is assessed in the event that any instrument tendered as payment for all or part of the group's premium, or for any administrative fees, is returned unpaid for any reason by the payer's bank. In the event a second returned check is received within a 12-month period, the group will be required to submit all future premiums in the form of certified funds. The certified fund requirement may be removed after the group has reestablished a timely payment pattern. If a group experiences a third returned check within a 12-month period, its policy will be canceled automatically.

#### **Reinstatement Fee**

Delinquency and cancellation rules are strictly enforced. If your group coverage ends due to nonpayment of premium, Golden West may approve your request to reinstate your coverage. To apply for reinstatement of your coverage, please submit your request in writing to Membership & Billing. If your request for reinstatement is approved, you will be required to remit the total outstanding premium necessary to pay your account to a current date plus a \$50.00 reinstatement fee. Your group plan will be reinstated on the date stated in writing by Golden West.

If Golden West accepts premium after the date your group plan ends, this will not act to "reinstate" your plan. Your group plan will be reinstated only if you request it in writing and Golden West agrees to do so in writing. If Golden West denies your request for reinstatement, premiums paid in excess of the final bill amount will be refunded.

### **TERMINATION OF GROUP COVERAGE DUE TO NON-PAYMENT**

Your monthly premium is due on the 15th of the month prior to the month of coverage unless other arrangements are approved by Golden West. Premium must be received by the last day of the month of coverage. If payment is not received by the 15th of the month of coverage, a 15-Day Notice of Intent to Cancel will be mailed to you. If premium is not received by Golden West by the last day of the month of coverage, your group coverage will be terminated.

If requested, Golden West may extend the grace period by written notice. Such notice will state the date insurance will end if the premium remains unpaid. Premiums must be paid for a grace period and any extension of such period.

It is the employer's responsibility to inform all insureds when coverage has been terminated.

## Section 8 — Group Requirements and Maintenance

### ACCURACY OF INFORMATION

In order for Golden West to effectively administer benefits under your group policy, it is necessary for you to submit timely, accurate information on any eligibility changes. This information must be submitted in association with new employee or dependent additions, changes in plans, terminations, address changes, COBRA and Cal-COBRA notices. It is also the responsibility of the employer to notify Golden West of changes that affect the group including, but not limited to, an address or phone number change for the company, change in ownership, an acquisition or merger of or by another company or business entity, or a change in the number of persons employed by the company when such a change may affect the group's COBRA or Cal-COBRA status. Information regarding these and other events must be submitted within designated time frames as outlined in this Group Administrator Manual.

**Important Note:** Failure to provide updated eligibility information may result in delays in coverage or premium inaccuracies that may not be recovered by the group or the employee.

### ID CARDS, CERTIFICATES

All enrolled employees will receive a Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage and a Golden West identification card. Packets for new groups/plans will be mailed to the employer for distribution. Packets for new hires after the initial effective date of the group or plan will be sent directly to the new enrollee's home.

The identification card will reflect the employee's name, dependents covered, and coverage selected. If HMO coverage is selected, the identification card will also list providers assigned and provider's phone number(s). Additional cards can be ordered through Member Services. If an identification card is lost, misplaced or destroyed, replacement cards may be ordered by phone or written request.

If an employee selects an HMO plan, and the employee's spouse or dependent(s) selects a different HMO provider than the employee, each family member will receive an ID card listing their selected provider(s).

### VOLUNTARY PARTICIPATION REQUIREMENTS

We require a minimum of 25% of all eligible employees in the group to be enrolled in the employer's Golden West plan (or 100% if the employer contributes 100% of the employee's monthly premium). For Multiple Plan Options: Participation requirements apply to all plan options combined. Each individual plan option must have at least two employees enrolled in order for the plan to remain active.

Groups are subject to cancellation if the participation falls below our minimum participation requirements for a period of at least one month.

If an employee is waiving coverage due to other group coverage, not through the same employer (as an insured or a dependent), the employee may be considered ineligible for the purposes of calculating participation. The employer must submit a declination for each employee and provide the reason coverage is being waived.

## **VOLUNTARY CONTRIBUTION REQUIREMENTS**

Employer may contribute 0-49% of the employee's monthly premium.

The employer must notify Golden West if they wish to amend their contribution percentage. Some plan options may not be available if contribution falls below requirements.

## **CHANGE IN COMPANY ADDRESS OR OTHER GROUP INFORMATION**

A request to change employer's address can be submitted on the Group Information Change Form or on company letterhead. Please note that address changes may impact the available plan selections. It is therefore important that Golden West be notified of address changes in a timely fashion.

Golden West should be notified of changes to other group information of record such as phone number, fax number, and name of contact person. Changes can be made via mail, fax or by contacting the Membership & Billing Department at (800) 219-9217.

## **CHANGE OF OWNERSHIP**

Golden West must be notified in writing of any changes in ownership, acquisitions, or mergers. If the new owner of the company chooses to continue the benefit plan offered by Golden West, or a new company or division of employees will be offered the benefit plan through Golden West, an underwriting review may be required, possibly affecting premium rates. Golden West must also be notified if the group changes the name of the company. Your group benefit agreement is not assignable or transferable and it may not be transferred as part of a sale of the assets of the business.

## **CHANGE OF ASSIGNED AGENT**

Golden West must be notified in writing of any change in assigned agent/broker of record. The request for change must include the agent's name and address. The change will be made effective on the first of the month following receipt of request.

## **BENEFIT MODIFICATIONS**

Groups are allowed to make alterations in their group benefit plan by adding new benefits, changing existing benefits or changing eligibility classifications. Benefit modifications are defined as:

- The addition of a dental or vision plan.
- Changing to a different dental or vision plan.
- Changing contribution approach.
- Changing the group's eligibility period.
- Adding a corporate subsidiary/division.

There are specific points in time at which certain types of benefit modification requests can be made, including requests for modifications that can only be made on the group's Anniversary Date. Benefit modifications cannot be made retroactively. Certain supporting documentation may be required to review a request to modify benefits. The required documentation must be complete and accurate to process the request. The completed documentation, including all necessary Golden West forms, must be received by Golden West at least **30 days** prior to the requested effective date. The effective date of the benefit change will be assigned by Underwriting, if the application for benefit modification is accepted. Please refer to the Benefit Modification Matrix to determine when each type of benefit modification may be requested, and to determine what documents must accompany your request.

## **ANNIVERSARY DATE**

An employer's anniversary date is the month and day on which the group's policy became effective and coverage commenced. After coverage is in force, the anniversary date can only be changed by written request from the group or group's agent at least 30 days prior to the original anniversary date.

## RENEWALS

Each year prior to the anniversary date, Golden West will review the group's dental and vision plan(s) to determine whether rates are sufficient to cover anticipated expenses and claims. You will be contacted by Golden West 45 days prior to the anniversary date regarding rates and coverage for the upcoming plan year. Please contact your agent or Golden West concerning additional benefit options available.

Premiums and coverage available may be adjusted based on various factors, including but not limited to claims experience, enrollment and plan participation.

## CANCELLING GROUP COVERAGE

Should you choose to discontinue your group coverage, please notify Golden West immediately in writing. Written notification must be on company letterhead and be signed by an officer of the company. Requests for cancellation of group coverage must be received by Golden West within thirty (30) days of the requested termination date. If request is received more than thirty (30) days after the requested termination date, a termination date will be assigned by Golden West. The termination date will be the first of the month following receipt of the termination notice.

**Important Note:** *It is the employer's responsibility to notify employees of termination of group health coverage at least 15 days prior to termination.*

## NON-RENEWAL OF GROUP COVERAGE

Golden West reserves the right to cancel group coverage for reasons including, but not limited to, the following:

- Failure to provide accurate eligibility information or other breach of contract.
- Material misrepresentations.
- Non-payment of premium.
- Failure to meet minimum contribution and/or participation requirements.
- Receipt of three (3) or more non-sufficient funds (NSF) checks in a 12-month period.

It is the employer's responsibility to notify employees in a timely manner when coverage has been cancelled.



## Group Change Matrix

| Group Change  | When Eligible   | Documents Necessary   |
|---|---|---|
| Add Voluntary Dental PPO<br>Must have minimum of 10 eligible employees and 25% total participation. At least 5 employees must enroll on the PPO plan. | First of the month following receipt of all documentation           | <ul style="list-style-type: none"> <li>• Group Master Application</li> <li>• Applications for employees enrolling in PPO</li> </ul>         |
| Add HMO dental plan<br><i>A minimum of 2 employees must enroll on the DHMO plan.</i>  | First of the month following receipt of all documentation           | <ul style="list-style-type: none"> <li>• Group Master Application</li> <li>• Applications for employees enrolling in DHMO plan</li> </ul>   |
| Add stand-alone vision plan<br><i>A minimum of 2 employees must enroll in the vision plan.</i>  | First of the month following receipt of all documentation           | <ul style="list-style-type: none"> <li>• Group Master Application</li> <li>• Applications for employees enrolling in vision plan</li> </ul> |
| Change to a different dental, vision, or ortho plan   | First of the month following receipt of all documentation           | Group Master Application  |
| Add corporate subsidiary or division  | First of the month following receipt of documentation               | <ul style="list-style-type: none"> <li>• Group Master Application</li> <li>• Applications for employees enrolling in plan</li> </ul>        |
| Change in employer contribution approach  | Six months after original effective date, once in a 12-month period | Group Master Application or Letter from group   |
| Change Anniversary Date   | At least 30 days prior to current Anniversary Date                  | Letter from group or broker   |
| Change Group Eligibility Period or add additional Eligibility Period  | Six months after original effective date, once in a 12-month period | Group Master Application  |
| Change Group Address, Contact, Phone number   | At any time   | Group Information Change Form   |
| Change of ownership   | First of the month following receipt of all documentation           | Letter from group   |
| Change assigned broker/agent  | First of the month following receipt of all documentation           | Letter from group   |
| Terminate coverage  | First of the month following receipt of all documentation           | Letter from group   |

**Submit group changes to:**

**Golden West Dental & Vision  
c/o Group Underwriting  
PO Box 5347  
Oxnard, CA 93031-5347  
Fax: (805) 987-2205**

## Section 9 - Forms

Golden West provides, at no charge, necessary forms and brochures for you to properly administer your group plan. The following forms can be viewed and/or printed from our Web site at [www.goldenwestdental.com](http://www.goldenwestdental.com).

- Group Master Application
- Employee Enrollment Form
- Employee Change of Status Form
- Dependent Verification Form
- Group Information Change Form
- HMO Plan Copayment Schedules
- Claim Form
- Group Administrator Manual (this booklet)
- Authorization to Release Information

You may also request forms to be mailed to you by contacting the Supply Department at (800) 219-9216 or you may order forms using the Group Supply Request Form. The Group Supply Request Form should be completed and faxed or mailed to the address printed on the form. Your order will be filled with the most recent version of the form or brochure requested.

To help us maintain adequate inventories, it is important that we have thirty (30) days advance notice when filling orders for forms. We recommend that you request supplies sufficient for a three (3) month period. While it may be possible for us to satisfy emergency requests for some items, the thirty (30) day notice should be adhered to whenever possible.

Golden West will occasionally update required forms for adding employees or making changes to coverage. The employer is responsible for maintaining an inventory of the most recent versions of enrollment and maintenance forms, which can always be obtained from the Golden West Web site at [www.goldenwestdental.com](http://www.goldenwestdental.com). Submission of old, out-of-date forms may delay your requests.