

CARA Ameritas Dental **Enrollment Instructions**

- ❑ Complete the **Employer Application** form and select *ONE* plan design for the entire employer group.
- ❑ Each enrolling employee needs to complete an **Employee Application**.
- ❑ If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.
- ❑ All employer groups will be made effective on the first of any given month.
- ❑ This plan focal renews on **July 1** of every year.
- ❑ Include first month's premium check and applicable billing fee. Make check payable to **CARA**.
- ❑ Submit all forms to AIS for processing:
AIS
One Kaiser Plaza, Suite 1333
Oakland, CA 94612
Attn: New Business
- ❑ For questions, call AIS at (800) 788-6524.

CARA Ameritas Dental

Employer Application

Employer Group Information

Effective Date :

Group Name :		
Address :		
City :	State :	Zip Code :
Contact Person:		
Phone :	Fax :	
Email :		

Monthly Rates Effective from 7/1/2011 to 6/30/2012

Select Only One (1) Plan Design per Employer Group

	<input type="checkbox"/> Plan 1 - \$1000 Max	<input type="checkbox"/> Plan 2 - \$1250 Max	Number of Employees
Employee Only	\$ 27.44	\$ 36.36	
Employee + 1	\$ 50.36	\$ 68.24	
Employee + 2 or More	\$ 78.24	\$ 113.56	
Subtotal			\$
<input type="checkbox"/> ACH <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			Administration Fee *
			\$
Grand Total			\$

Note: ACH groups – Please complete the ACH form.

Please make check payable to “CARA”

* Please refer to *AIS Administration Fee Schedule* for your choice of billing option.

Broker Information

Broker Name :		
Firm Name :		
Address :		
City :	State :	Zip Code :
Phone :	Fax :	
Email :		
Tax ID # or SSN # :		

General Agent Information

GA Name :
GA Firm Name :

Please mail to: AIS * One Kaiser Plaza, Suite 1333 * Oakland, CA 94612 * Attn: New Business

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

E.W.C. INSURANCE SERVICES, INC. DBA AIS

I (we) hereby authorize E.W.C. Insurance Services, Inc. DBA AIS, hereinafter called COMPANY, to initiate *debit entries* to my/our CHECKING account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the 5th or 20th of each month (select one). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING# _____ ACCOUNT# _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ CLIENT # _____
FOR INTERNAL USE ONLY

DATE _____ SIGNED X _____

NOTE: All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization within 30 days. This form is to be submitted along with 1st month's premium and/or a copy of 'VOID' check.

sample check

Any Name	2345
1234 Any Street	DATE _____
City, State Zip Code	
Pay to the order of _____	Dollars
_____ Dollars	
Bank Name	
Main Branch	
1234 Any Street	
City, State Zip Code	
(800) 555-1234	
:123456789 : 2345 ""1234567890	

↑ Routing Number ↑ Account Number



(In Nevada, also known as EWC Insurance Services, Inc.)

Administration Fee Schedule

ACH (Auto Bank Draft) *	Monthly
1 Employee	\$ 3.50
2 to 4 Employees	\$ 3.50
5 > Employees	\$ 3.50
CARA Membership Fee	Included

* ACH groups will not receive any monthly statements.

** ONE person groups may elect only ACH or By Mail (Semi-Annual or Annual) payment modes.

By Mail	Monthly	Quarterly	Semi-Annually	Annually
1 Employee	n/a	n/a	\$ 25.00	\$ 25.00
2 to 4 Employees	\$ 10.00	\$ 20.00	\$ 25.00	\$ 25.00
5 > Employees	\$ 20.00	\$ 30.00	\$ 25.00	\$ 25.00
CARA Membership Fee **	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00

** If you select By Mail, you will be charged CARA Membership Fee on the anniversary month.

Please make check payable to **“CARA”**.

CARA Membership Application

The undersigned, whose address and telephone number are shown below, hereby makes application for membership in CARA, an unincorporated association, upon the terms and conditions herein provided.

Upon payment of the membership application fee in the amount of \$15.00 and acceptance by CARA, the undersigned shall be entitled to all privileges and benefits as a CARA member, including participation in all CARA sponsored insurance programs for which such member shall be qualified and accepted.

In order to sustain membership in CARA, the member shall pay to CARA each year on or before the anniversary date of enrollment shown below, the annual dues established by the CARA Board of Directors. Said association dues shall be used by CARA solely for and in consideration of membership in the association.

The undersigned agrees to abide by the association's laws and such other membership rules as may be promulgated by the CARA Board of Directors from time to time.

Group Name: _____

Address: _____

City & Zip: _____

Signature: _____

Title: _____

Date: _____

Telephone Number: _____

For internal use:

Accepted by CARA _____

Signature