

CARA Ameritas Dental

Individual Application

Member Information

Effective Date :

Member Name :	
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 \$

Choose your billing option:

ACH Semi-Annually 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

CARA Ameritas Dental Individual Application

Select One (1) plan:

Plan 1000

Plan 1250

Effective Date :

Member Information

SS # :

Date of Birth :

Sex : Male Female

Last Name :

First Name :

M. I. :

Address :

City :

State :

Zip Code :

Marital Status : Single Married Divorced Widowed

Select Coverage : Member Only Member + 1 Member + 2 or More

Spouse

Last Name :

First Name :

Domestic Partner

Sex : Male Female

Date of Birth :

SS # :

Child # 1

Last Name :

First Name :

SS # :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Child # 2

Last Name :

First Name :

SS # :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Child # 3

Last Name :

First Name :

SS # :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Check here if additional sheet(s) is attached with this application

X

Applicant Signature

Date

Distributed By :

Administered By :

AIS

One Kaiser Plaza, Suite 1333

Oakland, CA 94612

Phone : 800.788.6524

Fax : 510.893.4445

www.ais-insurance.com

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



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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”**.

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

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