

UNDERWRITING  
&  
ADMINISTRATIVE GUIDELINES

[January 2010]



Voluntary “Workplace”  
Dental & Vision

Plan Administrator

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## **ELIGIBLE EMPLOYERS**

- A minimum of 3 full time employees must be enrolled.
- Sole Proprietors, Partnerships or Corporations that file appropriate government forms.
- Place of business must be other than a place of residency.
- Must have a bank account under company name.

## **ELIGIBLE EMPLOYEES**

- Full-time, working a minimum of 24 hours per week. If an employer's group medical plan uses a different definition of a full-time employee, the same definition may be used for the dental plan. However, in matching the medical plan, the minimum numbers of hours must be at least 20 hours per week.
- An Employer/Employee relationship must exist.
- Husband & Spouse when employed by the same employer are each covered as employees. Children will be covered under the parent with the earlier birth date in the calendar year.
- Employees NOT eligible are: 1) Contract Workers, 2) Commission Sales People [1099], 3) Seasonal or Part-time Workers.

## **ELIGIBLE DEPENDENTS**

- The employee's spouse, who is not legally separated and is not a member of the Armed Forces.
- The employee's children (including step children, legally adopted children and foster children) who are declared as dependents on the employee's federal income tax return, providing they are unmarried, minimum of age 4 and under age 19 (extended to age 25 if a full-time student at an accredited institution of higher education).

## **PARTICIPATION RULES**

3 Employees must enroll or 15% of total eligible employees whichever is the greater.

If an Employee or Dependent declines coverage, they may enroll on the employer's anniversary date. This Open Enrollment period is 30 days prior to the Employer's anniversary date.

## **PROBATIONARY PERIOD**

The standard waiting period for new employees to be covered is the first of the month following 90 days of continuous employment. However, any waiting period may be used if it duplicates the same employee waiting period as the in-force medical plan. All full-time employees may be covered on the initial effective date regardless of length of employment if the employer chooses.

## **EFFECTIVE DATE OF COVERAGE**

First of the month is standard and only effective date available. New cases should be received by the 15th of the month prior to the requested effective date.

New Employees: Enrollment form must be received in the Administrative Office prior to the effective date of coverage. Late submission of an enrollment form will be added retroactive to the new employees eligibility date.

## **PREMIUM STATEMENTS**

Premium statements will be mailed approximately the 5th of the month prior to the month of coverage and are due by the DUE DATE indicated on the statement. If payment is not received by the due date, a late fee of \$25.00 will be assessed. If not paid by the end of the due date month, coverage will be terminated.

If an employer unit is terminated for non-payment, they may be considered for re-instatement one time only. A re-instatement fee of \$50.00 will be assessed.

If the employer cancels coverage they may be considered for re-enrollment after 12 consecutive months from the cancellation date.

An NSF check for the initial premium will automatically terminate the coverage. After the first month, employers will be given a brief replacement period to make the check good. A \$25.00 NSF fee will be required with the replacement premium. Only one NSF check will be allowed in a 12 consecutive month period.

## **CLERICAL ERROR**

If the Employer fails to submit an employee's enrollment card, the employee must wait until the next open enrollment which is the Employer's Anniversary date.

## **RENEWAL NOTIFICATION**

Each employer will be notified approximately 45 days prior to the anniversary of any rate action required.

## **CHANGES**

Terminated Employees: Employee may be crossed out and indicated on the monthly billing statement, and appropriate premium subtracted from amount due.

## **INELIGIBLE INDUSTRIES**

### **DeltaCare USA**

- Law firms, legal services
- Dental offices
- 1099 Employees
- Associations
- Groups without a true employer/employee relationship
- Groups currently covered by another Delta program
- Groups with seasonal employment.

### **Davis Vision**

- Law firms, legal services
- 1099 Employees
- Associations
- Groups without a true employer/employee relationship
- Groups with seasonal employment.

## **PRODUCT INFORMATION**

Receive specific product information from either:

- 1) Website: [www.multibenefitplans.com](http://www.multibenefitplans.com)
- 2) Contact Administrative Office

The quickest way to obtain information regarding plan design, benefits, pricing and enrollment will be by logging on the Website. Forms, Brochures and Pricing can be down loaded for presentation.

**If questions or needs supplies, call the Administrative Office.**