

DISCLOSURE STATEMENT

Under Maryland Law, your group member may purchase a dental point-of-service option as an additional benefit. A dental point-of-service option allows your group members to obtain dental care services from dentists outside the dental provider panel under certain circumstances that are described in the group insurance certificate issued by the carrier supplying the point-of-service option. You have the choice to either pay for this dental point-of-service option, pay a percentage of the cost of this option, or require your group members to pay for the entire cost of this option. The cost of the dental point-of-service option described in the group insurance certificate issued by the carrier supplying the point-of-service option is identified in your proposal. Please indicate below the group members who have chosen this dental point-of-service option.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND HAVE PROVIDED NOTICE OF THE AVAILABILITY OF THIS ADDITIONAL BENEFIT TO MY ELIGIBLE GROUP MEMBERS.

_____ Date

_____ Group Policyholder

_____ Signature

GROUP MEMBERS WHO HAVE CHOSEN POINT-OF-SERVICE OPTION:

(Please attach additional sheet, if necessary)

Agent Name (Please print): _____

Agent Signature: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____