altus dental™ | Altus Vision™
in partnership with VSP® Vision Care

GROUP APPLICATION

CLIENT INFORMATION

Client Name

Address | City | State | Zip

Contact	Name	Title	Phone	Email
Check One for Primary Contact:				
☐ Administrative				
☐ Human Resources				
☐ Finance/Billing				
☐ CEO/Owner				

PLAN DETAILS

DENTAL

Financial Arrangement	Enhancements			Term of Agreement
Check one: ☑ Fully Insured ☐ Self Insured ☐ Contingent	*Check one:* ☐ COMAX ☑ Preventive Rewards	*Add:* ☐ SmileMore ☐ Under 13 ☐ Smile Plus	***Other*** OON Reimburse: _____	Effective Date: 7 / 1 / 2,026 / Rate Guarantee: ☐ 1yr ☑ 2yr ☐ 3yr Rate Cap: _____ % _____ %

VISION

Plans	Term of Agreement
Check one: ☐ 130 ☐ 150 ☐ 150 Plus ☐ 175 ☑ 200	Effective Date: 7 / 1 / 2026 / Rate Guarantee: ☐ 1yr ☑ 2yr ☐ 3yr ☐ 4yr

FINANCIAL ARRANGEMENT & ENROLLMENT

Billing Level: ☐ Client ☐ Group

DENTAL FULLY INSURED

	# ENROLLED		MONTHLY RATE		TOTAL MO. PREMIUM
EMPLOYEE	_____	x	$ 48.00	=	$ 0.00
EMPLOYEE + SPOUSE	_____	x	$ 96.00	=	$ 0.00
EMPLOYEE + CHILD(REN)	_____	x	$ 96.00	=	$ 0.00
FAMILY	_____	x	$ 168.00	=	$ 0.00
				TOTAL DENTAL	$ 0.00

CONTINGENT
MIN _____ %
MAX _____ %
BILLING _____ %

VISION FULLY INSURED

	# ENROLLED		MONTHLY RATE		TOTAL MO. PREMIUM
EMPLOYEE	_____	x	$ 9.00	=	$ 0.00
EMPLOYEE + SPOUSE	_____	x	$ 18.00	=	$ 0.00
EMPLOYEE + CHILD(REN)	_____	x	$ 18.90	=	$ 0.00
FAMILY	_____	x	$ 26.10	=	$ 0.00
				TOTAL VISION	$ 0.00

FIRST MONTH ESTIMATED PREMIUM (due with application) **$** 0.00

DENTAL SELF INSURED

Deposit (due with application) $ _____ Administrative Expense $ _____

Working Rates	Employee	Employee + Spouse	Employee + Child(ren)	Family
	$ _____	$ _____	$ _____	$ _____

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BROKER ASSIGNMENT

Broker Name	Broker Signature
Agency Blue Collar Benefits	Email

COMMISSION PAYABLE TO

Payee Name		Phone	
Address	City	State	Zip
Tax ID #			

CLIENT AUTHORIZATION

Client Representative Signature	Title	Date

INTERNAL USE ONLY

Account Executive	Additional Group Numbers	Client Size Segment
Jeff Nauges	5156	

The purpose of this form is to confirm the level of benefits, rates, billing and broker of record information for the group specified.
Acceptance of the information outlined is subject to Altus Dental Underwriting approval.

Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP").