



DeltaPremier Eligibility Form

Please read the following requirements thoroughly.

This DeltaPremier™ plan has been developed exclusively for MACPA members. The plan is available to all active eligible members in public accounting, their employees, and dependents.

Individual Contract Requirements:

To qualify for an individual contract, the member must be a sole proprietor working 30 or more hours per week with no full time employees. If at any time the member has an employee working 30 or more hours per week, the Group Eligibility requirements must be followed.

If a member qualifies for an individual contract, is enrolled in this plan, and subsequently terminates coverage, the following will apply:

If the contract is terminated within the first 24 months, the individual cannot reapply under the MACPA plan.

If the contract is terminated after 24 months, the individual may reapply for coverage after a 24 month waiting period.

Group Contract Requirements:

Firms (groups) with less than 5 employees must enroll 100% of all eligible employees in the Delta Dental plan.

Firms (groups) with 5 or more employees must enroll at least 75% of all eligible employees in the Delta Dental plan.

Note: An employee is defined as anyone who works 30+ hours per week and includes all partners, owners, etc.

Please complete the following and submit the original with enrollment forms.

Total number of employees working 30 or more hours per week: _____

Total number of employees enrolled in the Delta Dental plan: _____

of Individual rates _____

of Individual and one dependent rates _____

of Individual and two or more dependents rates _____

We are applying for plan (please circle one) : **A** **B** **C***

*note: Plan C is only available to groups of 5+

I am currently an active member of the MACPA residing in Michigan and acknowledge and understand the eligibility and reapplication terms and conditions listed above.

Signature

Date

Print Name

11/06

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