

AVMA GHLIT/Ameritas Dental Billing Statement

This form is to be used when the employer wishes to have multiple employee dental certificates billed to the employer.
Please attach a copy of this form with every application that is to be listed on the Company Bill.

Social Security #	Full Name of Applicant	Relationship to Payor	Premium
			\$
			\$
			\$
			\$
			\$
			\$
		Total Monthly Premium	\$

Please note: All cases listed above must have the same day of the month effective date.

Bill to Premium Payor:

Veterinarian Name _____

AVMA Membership Number _____

Practice/Company Name _____

Address _____

City/State/Zip _____

To the Applicant/Premium Payor :

I acknowledge and warrant that the information and representations on this form are true and complete. I have applied for an individual dental insurance plan with _____ and understand that group billing is offered as a convenience option. I understand that any misrepresentation of a fact concerning employer sponsorship of dental insurance coverage may result in cancellation or rescission of that coverage by _____.

In order to be eligible for this option, all applicants to be covered must be employees of the company/practice. As payor, I agree to receive the premium billing statements and to remit collected premiums to HealthPlan Services on behalf of the applicants listed above. I acknowledge the contents of this form.

Payor's Signature: _____ Date Signed: _____

Note: For company billing, one check must be submitted for all applicants. If the total amount remitted does not equal the total amount billed for each group billing applicant, the past due balance or overpaid premium amount will be applied prorata to each applicant.