

# HR Concepts, LLC

"Your Third Party Administrator of Choice"

## Dental Reimbursement Employer Master Application

### Part I. Employer Information

Employer Name:	_____		
Mailing Address:	City:	St.:	Zip:
Street Address:	City:	St.:	Zip:
Telephone:	Fax: _____		
Primary Point of Contact:	Phone Ext:	Email: _____	
Secondary Point of Contact:	Phone Ext:	Email: _____	
Billing Point of Contact:	Phone Ext:	Email: _____	
Tax ID #:	-	Business Structure:	State Organized in: _____

### Part II. Plan Description

Original Effective Date:	Plan Year:	to	Short Plan Year: Yes / No
			If yes, next plan year is _____ to _____
Plan Design:	Option 1	/	Option 2
Single	\$____/YR		____% of First \$____
EE + 1	\$____/YR		____% of First \$____
EE + 2	\$____/YR		____% of First \$____
Family	\$____/YR		____% of First \$____
Annual Maximum:	\$____/YR	Annual Maximum \$	_____

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part III. General Administration Questions

Who handles the cobra administration when an employee terminates: \_\_\_\_\_

How will Funding be handled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Phone: 603-647-1147 • Fax: 1-866-978-7868 • email: info@hrconcepts.biz

www.HRConcepts.biz • 111 Charles Street • Manchester, NH 03101

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## Part IV. Eligibility

Hours: \_\_\_\_\_ Length of Service: \_\_\_\_\_ How Many EE's are Eligible: \_\_\_\_\_ Total # of EE's: \_\_\_\_\_  
Single: \$ \_\_\_\_\_ EE + 1: \$ \_\_\_\_\_ EE + 2: \$ \_\_\_\_\_ Family: \$ \_\_\_\_\_

## Part V. Administrative Fees

Setup/Installation Fee: \$ \_\_\_\_\_ Admin Account Fee: \$ \_\_\_\_\_ Minimum Billing: \$ \_\_\_\_\_  
Renewal Fee: \$ \_\_\_\_\_ Admin Account Fee: \$ \_\_\_\_\_ Minimum Billing: \$ \_\_\_\_\_

## Part VI. Broker:

Circle if Broker Pays: Setup / Renewal / Admin

**Signature**  
Authorized Signature of Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Use Only:

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