Deductible Guard
by Gulf Guaranty
pay less out of pocket for healthcare

Tennessee DENTAL ASSOCIATION

Application for Supplemental Medical Expense Insurance

EMPLOYEE INFORMATION

Employee Name_____SS#_____

DOB____/____/_____ Gender____ Date of Hire___/_____/_____

Avg Hours worked/week_____Phone Number_____

Marital Status: Single/ Married Occupation_____

Address_____City_____ State____Zip____

Email: _____

DEPENDENT INFORMATION

Spouse_____DOB_____SS#_____Gender_____

Child_____DOB___/___/_____Gender_____

Child_____DOB___/___/_____Gender_____

Child_____DOB___/___/_____Gender_____

Child_____DOB___/___/_____Gender_____

	Option 1	Option 2
Employee only	$29.00____	$39.00 ____
Employee/Spouse	$63.80____	$85.80 ____
Employee/Children	$53.65____	$72.15 ____
Employee/Family	$88.45 ____	$118.95 ____

This plan offers: $0 deductible per member

Option 1: $3,000 per member per inpatient admission
Option 2: $4,000 per member per inpatient admission

Wellness Benefit: $50 annual benefit per covered member
COVID-19 Testing Benefit: $50 benefit per covered member

Who is eligible:

Any member of the Tennessee Dental Association, or their employee, and their eligible dependents, that are currently enrolled in an ACA compliant major medical plan. Employee much be an active, full-time employee of the member [working 30 hours or more per week].

Restrictions:

This policy is only active while the member is in good standing with the Tennessee Dental Association.

Agreements, Representation and Understanding:

I represent that I understand the benefits and restrictions offered under the Deductible Guard Plan.

I understand that the supplemental Medical Expense Insurance Policy for which I have applied is a limited benefit policy that pays only the benefits selected and set forth in the policy itself. Our agent has explained the Policy's limitations and exclusions, if any.

I understand that coverage is effective when: a) the Policy is issued by Gulf Guaranty Health; b) the Policy is received and accepted by the Policyholder; c) the full first premium is paid and accepted by Gulf Guaranty Health.

I understand that any necessary payroll deductions for any employee's share of the cost of this insurance will be made and to remit the total premium and any administrative fees as they become due.

I understand that this plan is only portable if I should gain employment with another firm that is a member of the Tennessee Dental Association.

I understand that Gulf Guaranty Health and the Policyholder may agree to amend the Policy at anytime without the consent of any employee or other person.

I represent that the information herein is true and complete, as of the date I signed this Application, and that I have read and understand this form.

I acknowledge and understand that any misrepresentation on this Application by my agent or me, may result in the cancellation or rescission of any Policy issued based on this Application.

I acknowledge and understand that if a member has met some or all of the primary plan deductible and coinsurance Deductible Guard will pay the remaining portion up to the maximum benefit.

Employee Signature _____

Print Name _____

Date _____ Policy Effective Date _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Underwritten by Gulf Guaranty Life Insurance Company. Approved policies vary depending upon state; available in Alabama, Arkansas, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee and Texas