



# Delta Dental of Illinois Supplemental Questionnaire for Group/Employer DeltaVision® Policy



## GROUP/EMPLOYER INFORMATION

Group/Employer Name \_\_\_\_\_

## INITIAL ENROLLMENT

Total number of eligibles: \_\_\_\_\_ Total number of eligible enrolled: \_\_\_\_\_

## GROUP/EMPLOYER CONTRIBUTION FOR DELTAVISION\*

The **group/employer** contributes:

- \$ \_\_\_\_\_ or \_\_\_\_\_ % of the cost of the member's insurance.  
\$ \_\_\_\_\_ or \_\_\_\_\_ % of the cost of one or more dependents' insurance.
- None (Coverage is voluntary)

## ELIGIBILITY INFORMATION

PLEASE INDICATE ELIGIBILITY REQUIREMENTS FOR ENROLLMENT UNDER THE GROUP/EMPLOYER POLICY. *Enrollment under the group/employer policy will include:*

Is the eligibility the same for DeltaVision as for the Group/Employer Dental Policy?  Yes  No  
If no, please specify: \_\_\_\_\_

### New Hire Eligibility Date:

Is the new hire date the same as the Group/Employer Dental Policy?  Yes  No  
If no, please specify: \_\_\_\_\_

### Termination Occurs On:

Is the termination date the same as the Group/Employer Dental Policy for members?  Yes  No  
If no, please specify: \_\_\_\_\_

Is the termination date the same as the Group/Employer Dental Policy for dependents?  Yes  No  
If no, please specify: \_\_\_\_\_

### Limiting Age

Fully Insured: The limiting age for covered unmarried dependent children is 26.

## PREMIUM PAYMENTS

Is the delivery of premium payments the same for DeltaVision as for the Group/Employer Dental Policy?  Yes  No  
If no, please specify: \_\_\_\_\_

## REMARKS/ADDITIONAL INFORMATION

\_\_\_\_\_

**Please note: Attach your selected plan design with accepted rates/fees when submitting this form.**

*\*DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.*

111 Shuman Boulevard | Naperville, Illinois 60563 | 630-718-4700 | [deltadentalil.com](http://deltadentalil.com)