DINA Dental Plan™
Guaranty Assurance Company
11969 Bricksome Avenue, Ste A
Baton Rouge, LA 70816

DINA Dental Plan™
Customer Service: (866) 436-3093
Marketing: (800) 376-3462 or (225) 291-3172
Marketing Fax: (225) 292-3075

Agent Information Packet

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Agent Sales & Marketing Contacts
(800) 376-3462 or (225) 291-3172

Loralyn Chenevert x1401 ~ Sales & Marketing Assistant, Group Sales, Agent Support, Account Manager
Doug Jones x1403 ~ Director of Sales & Marketing

www.dinadental.com

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General Underwriting

Full Indemnity Plan

1. Minimum enrollment requirements – Five (5) lives per group
2. Completely voluntary – no participation requirements except for minimum of 5 participants
3. Each group has the option to customize their plan benefits
4. Cannot be offered to individuals
5. See any dentist – no network restrictions – all claims paid at the 90th percentile
6. Low plan option can be offered as a "Dual Choice" on groups of 50+
7. Premium rates are guaranteed for a period of at least one (1) year. Large groups may request to be considered for a two (2) year rate guarantee.
8. To obtain a quote use Group Quote Request Form (Page 16)
9. May be offered as Passive PPO using Dentemax Network
10. Existing rates and loss ratio data (2 years) needed on groups over 100

PPO Plan

1. Available to groups and individuals – Two (2) lives are needed to be considered a group
2. Completely voluntary – no participation requirements
3. Claims are paid from a set fee schedule
4. See any dentist or use a DINA Dental PPO Plan Network Provider
5. Members may incur a higher out-of-pocket cost when using a provider who is not in our network
6. Can be offered as a "Dual Choice" with other DINA plans
7. No quote required – shelf rates
8. Individuals must pay for 6 or 12 months (option to pay monthly by bank draft or credit card)

Prepaid Plan

1. Available to groups and individuals – Two (2) lives needed to be considered a group
2. Completely voluntary – no participation requirements
3. No claim forms – no deductibles – no maximums – no waiting periods
4. Member MUST use a provider who participates in the DINA Dental Prepaid Plan Network
5. Can be offered as a "Dual Choice" with other DINA plans
6. No quote required – shelf rates
7. Individuals must pay for 6 or 12 months (option to pay monthly by bank draft or credit card)

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Application Submission Procedures

All Applications whether group or individual will have an effective date of the first of each month

To process a NEW INDIVIDUAL APPLICATION whether Prepaid or PPO the following forms must be submitted:

1. Individual Application (see Page 18-19 for forms)
2. For monthly payments use either:
   Bank Draft Form – Be sure to include a voided check (see Page 23 for form)
   ~or~
   Credit Card Draft Form (see Page 22 for form)
3. For payment six months in advance include a check in the amount to cover six months.

All individual packets are processed in our home office in Sugar Land, TX

Mail the individual packet to:
DINA Dental
Attn: Lisa Douglas
101 Parklane Blvd, Ste 301
Sugar Land, TX 77478

To process a NEW GROUP, the following materials for this packet should be DINA's Baton Rouge office by the 25th day of the month prior to the effective month before it will be effective. Contact DINA if applications will be submitted after the 25th.

1. Group Application (see Page 17 for form)
2. Individual Applications (see Page 18-20 for applicable forms)
3. Takeover Proof (Usually the most recent bill showing all eligible members for continuous coverage)
4. Binder Check (1st Month's Premiums)
5. Signed Single Case Commission Agreement (see Page 21 for form)

All new group packets are processed in our office in Baton Rouge, LA.

Mail the new group packet to:*
DINA Dental
Attn: Loralyn Chenevert
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

*Once the group is established, any and all adds, changes, deletes, etc. are to be faxed to Lisa Douglas @ 832-415-0131 or emailed ldouglas@fcldental.com .

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Full Indemnity or Passive PPO Dental Plan (100/80/50/50)

Choice of Annual Benefit (Per Person). . . . $1,000 - $1,500 - $2,000 - $2,500

Percentage of Covered Benefits per Policy Year

	TYPE I	TYPE II	TYPE III*	ORTHO
CO-INSURANCE	100%	80%	50%	50%

Calendar Year Deductible (Per Person) $50 / $150 (Optional Higher Deductibles)

This deductible applies to Type II and III services

Payment is based upon allowable charges in the area in which service is rendered.
Services provided at a non-contracting provider are paid at the 90th percentile.

Late Entrant Provision

If an employee or dependent does not elect to participate when initially eligible, and elects to participate at the policyholder's next annual election period, they will become a Late Entrant. Late Entrant benefits will be limited to preventive and basic procedures only for the first 12 months of coverage. Late Entrants will have a 12 month wait for Type III and Ortho benefits.

TYPE I (PREVENTIVE SERVICES)

Including:

- No waiting period, no deductible
- Routine Exams
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

TYPE II (BASIC SERVICES)

Including:

- No waiting period
- Full mouth or panorex X-rays (1 per 36 months)
- Simple restorative services (fillings)
- Simple extractions
- Sealants for children ages 6-15 (1 per tooth)

TYPE III (MAJOR SERVICES)

Including:

- 12 month waiting period (option to waive)
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Space maintainers
- Oral Surgery
- General anesthesia (for services dentally necessary)
- Endodontics/root canal therapy (Option to move to Type II)
- Periodontics (Option to move to Type II)

ORTHODONTIC SERVICES - OPTIONAL

- 12 month waiting period (option to waive)
- $50 separate deductible (option to waive)
- 50% coverage for children only up to age 19
- Choice of lifetime maximum benefits
  $1,000 ~ $1,500 ~ $2,000

See Any Dentist ~ No Network

2 Tier Rating Structure
Employee Only
Employee + Family

3 Tier Rating Structure
Employee Only
Employee + One
Employee + Family

4 Tier Rating Structure
Employee Only
Employee + Spouse
Employee + Child (ren)
Employee + Family

Quote Request
E-mail, Call, or Fax Quote Request
loralyn@dinadental.com
or doug@dinadental.com
Phone (225) 291-3172
or (800) 376-3462
Fax (225) 292-3075

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Full Indemnity Low Dual Option Dental Plan (80/50)

Annual Benefit - Per Person $750

Percentage of Covered Benefits per Policy Year

	TYPE I	TYPE II	TYPE III*	ORTHO
CO-INSURANCE	**80%**	**50%**	**N/A**	**N/A**

Calendar Year Deductible, Per Person $50 / $150

This deductible applies to Type II services

Payment is based upon allowable charges in the area in which service is rendered. Services provided at a non-contracting provider are paid at the 90th percentile.

Late Entrant Provision

If an employee or dependent does not elect to participate when initially eligible, and elects to participate at the policyholder's next annual election period, they will become a Late Entrant. Late Entrant benefits will be limited to preventive and basic procedures only for the first 12 months of coverage.

TYPE A (PREVENTIVE SERVICES)

Including:

- No waiting period, no deductible
- Routine Exams
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

TYPE B (BASIC SERVICES)

Including:

- 12 month waiting period applies to Endodontics and Periodontics benefits only
- Full mouth or panorex X-rays (1 per 36 months)
- Simple restorative services (fillings)
- Simple extractions
- Sealants for children ages 6-15 (1 per tooth)
- Endodontics/root canal therapy
- Periodontics

See Any Dentist ~ No Network

Offer this plan to large groups as a Dual Option with the Higher Indemnity Plan.

2 Tier Rating Structure
Employee Only
Employee + Family

3 Tier Rating Structure
Employee Only
Employee + One
Employee + Family

4 Tier Rating Structure
Employee Only
Employee + Spouse
Employee + Child (ren)
Employee + Family

Quote Request
E-mail, Call, or Fax Quote Request
Loralyn@dinadental.com
or doug@dinadental.com
Phone (225) 291-3172
or (800) 376-3462
Fax (225) 292-3075

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Limitations and Exclusions on All Full Indemnity Plans

Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. For major services in the first 12 months that the Insured is covered, except as may be provided in the Takeover Benefits provision.
2. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
5. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
6. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
7. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
8. To duplicate appliances or replace lost or stolen appliances.
9. For appliances, restorations or procedures to:
   a. alter vertical dimension;
   b. restore or maintain occlusion;
   c. splint or replace tooth structure lost as a result of abrasion or attrition; or
   d. treat jaw fractures or disturbances of the temporomandibular joint.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For broken appointments or the completion of claim forms.
12. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
13. For sealants which are:
    a. not applied to a permanent molar;
    b. applied before age 6 or after attaining age 16; or
    c. reapplied to a molar within three years from the date of a previous sealant application.
14. For subgingival curettage or root planning (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
15. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
16. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.
17. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
18. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
19. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
20. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
21. For any services related to: equilibration, bite registration or bite analysis.
22. For crowns for the purpose of periodontal splinting.
23. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
24. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
25. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
26. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits for All Full Indemnity Plans

As a service to protect the Insured, Guaranty Insurance Company will provide predetermination of benefits for recommended treatment plans that exceed $300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to Guaranty Insurance Company for review and predetermination of benefits before the service begins.

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PPO Plan ~ Highlights & Benefits

Use Any Dentist or a DINA PPO Dentist – Available to Individuals or Groups

Our DINA panel of providers are contracted, credentialed, and have agreed to charge predetermined fees for procedures.

Co-payments not to exceed certain discounted dollar amounts.

*Usual, Reasonable and Customary charges may apply when accessing a dentist who is not participating in the network.

Immediate Coverage for Type I and Type II ~ Benefit Year Maximum Increases to $1500 (3rd Benefit Year)

Discount on Orthodontics ~ Qualifies for Section 125 (Cafeteria Plan) Deductions

Monthly Premiums

Individual or Employee Only	**$20.00**
Individual or Employee + One	**$38.00**
Individual or Employee + Family	**$60.00**

Benefit Year Maximum	**First Year**	**Second Year**	**Thereafter**
Per Covered Person	$750	$1,000	$1,500

Insurance Percentage	**First Year**	**Second Year**	**Thereafter**
Type I Covered Expenses	100%	100%	100%
Type II Covered Expenses	80%	80%	80%
Type III Covered Expenses	0%	50%	50%

Waiting Period	**First Year**	**Second Year**	**Thereafter**
Type III Covered Expenses	12 months	None	None
	(Unless Takeover)		

Benefit Year Deductible	**First Year**	**Second Year**	**Thereafter**
Type I Covered Expenses per Covered Person	$50	None	None
*Type II Covered Expenses per Covered Person	$50	$50	$50
*Type III Covered Expenses per Covered Person	No Benefits	$50	$50
Family Maximum Deductible per Year	$150	$150	$150
*One $50 to be met with either Type II or Type III or a combination of both.			

Orthodontics	**Benefits**
(Participating Orthodontists ONLY)	Initial Consultation Covered at 100%
	Treatment Covered at 20% Discount

Types of Service	**Description of Covered Services**
Type I - Preventative & Diagnostic	Exams, Evaluations, Cleanings, X-rays, Fluoride Treatments, Sealants
Type II - Basic Services	Fillings, Extractions
Type III - Major Services	Crowns, Root Canals, Periodontal Scaling, Partials, Dentures, Oral Surgery

IMPORTANT NOTICE: These benefits are payable when using one of our Preferred Providers. If you choose another provider that does not participate with DINA Dental, you may incur additional charges. The Scheduled Charge is the maximum amount which benefits will be paid. A non-participating provider may charge more than the Scheduled Charge. If your dentist charges more than the Scheduled Charge, you will pay the deductible and co-insurance plus the amount over the Scheduled Charge.

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Specialist Services

- Members may seek the services of a Specialist as a part of their plan. DINA has contracted with Specialists in the service areas. A listing of the Specialists may be viewed from our website at www.dinadental.com , or by contacting Customer Service at 866-436-3093.

- If a member visits an in-network Specialist, that Specialist will discount their usual and customary fees by 10% to 20% to the member. You should ask the Specialist what that discount would be. DINA will then pay the Specialist the amount listed in the feed schedule (part of the policy) for the benefit. The member will be responsible for the difference between the Specialist usual and customary charge, less the discount and the amount DINA pays for that benefit.

- If a member visits an out-of-network Specialist, DINA will pay the amount listed in the fee schedule for that benefit. That Specialist has not been contracted by DINA and is under no obligation to discount their fee. The member will be responsible for the difference between the Specialist usual and customary fee and the amount DINA pays according to the fee schedule.

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Prepaid Plan ~ Highlights & Benefits

**** NO Claim Forms * NO Deductibles * NO Maximums * No Waiting Periods ****

Some Preventive and Diagnostic Services ~ Provided at NO CHARGE

Over 180 Procedures Covered by Co-Payments ~ Qualifies for Section 125 (Cafeteria Plan) Deductions

Must Select Dentist from Dina Network of Dentists ~ Network Includes Dentists Across the State of Louisiana

Individual Monthly Rates	
Individual Only	$13.00
Individual + 1	$21.00
Individual + 2 or 3	$28.00
Individual + 4 or More	$32.00

Available to Individuals or Groups
Must Use Network Provider

Group Monthly Rates	
Employee Only	$13.00
Employee + 1	$21.00
Employee + Family	$28.00

Diagnostic Procedures	Co-payment
OSHA Disposables – per visit	$ 5.00
Comprehensive oral exam	$20.00
Limited oral evaluation – problem focused	$30.00
Periodic exam – once every 6 months	$ 5.00
X-ray – intraoral – periapical - first film – once every 6 months	No Charge
X-ray – intraoral – occlusal – once every 6 months	No Charge
X-ray – extraoral – first film – once every 6 months	No Charge
X-ray – bitewing – 2 films – once every 6 months	$10.00
X-ray – intraoral – complete series – once every 36 months	$24.00
Diagnostic casts	No Charge
Preventative Procedures	**Co-payment**
Routine teeth cleaning – adult – once every 6 months	$15.00
Routine teeth cleaning – child – once every 6 months	$10.00
Fluoride treatment – child – once every 12 months	$ 5.00
Sealant – each tooth – once every 36 months	$ 8.00
Restorative Procedures	**Co-payment**
Amalgam filling – 1 surface – primary (baby) tooth	$ 20.00
Amalgam filling – 2 surface – primary (baby) tooth	$ 30.00
Amalgam filling – 3 surface – permanent tooth	$ 40.00
Resin filling – 1 surface – anterior (front tooth)	$ 50.00
Resin filling – 2 surface – anterior (front tooth)	$ 60.00
Resin filling – 3 surface – anterior (front tooth)	$ 70.00
Crown – porcelain-fused to predominately based metal	$420.00
Crown – porcelain-fused to high noble metal	$450.00
Crown – full cast – predominately based metal	$400.00
Core buildup – including any pins	$ 90.00
Temporary crown (fractured tooth)	$ 60.00
Root canal – Anterior (front tooth)	$225.00
Periodontal scaling and root planning-per quadrant	$ 90.00
Full mouth debridement for comprehensive periodontal evaluation	$ 75.00
Denture – complete upper or lower	$450.00
Immediate denture – upper or lower	$475.00
Upper partial – resin base – complete	$375.00
Add tooth to existing partial denture	$ 75.00
Extraction – single tooth	$ 50.00
Removal of impacted tooth – soft tissue	$ 75.00
Incision and drainage of abscess – intraoral soft tissue	$ 50.00

This is only a summary of over 180 dental services included in the plan (participating dentist must be used).

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Takeover Benefits

Takeover means that you are given credit for waiting periods for like coverage's accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan.

- In order to provide Takeover Benefits your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan with no lapse in coverage.
- All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
- Takeover Benefits must be requested and are subject to the approval of Guaranty Assurance Company.

Claim Processing (Does NOT Apply to the Prepaid Plan)

- Average turnaround for payment of claims is 2 weeks provided the claim submission has no errors or missing information. Most claims are paid within 30 days.
- Claims can be submitted electronically, mailed, or faxed to the following:

Electronic Filing Information:

Payor ID: CX090

Website: www.emdeon.com

Mailing Address and Fax # for Claims:

DINA Dental Plan
101 Parklane Blvd, Ste 301
Sugarland, TX 77478

Fax Number (281) 313-7155

Enrollment Guidelines

- Groups will be allowed to enroll via electronic transfer.
- Groups can also enroll via spreadsheets (for large groups) or applications.
- All electronic enrollments, transfers, and paper applications need to be received in our office within 2 to 4 weeks prior to the effective date. This is to allow enough time for all policies and identification cards to be process and mailed to the members.

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References: Louisiana 2012

Account Name: **St. Landry Parish School Board**
Address: PO Box 310, Opelousas, LA 70571
Contact: Janice Sam
Phone: 337-948-3657
Business Type: University – Education
Account Size: 925 Members

Account Name: **State of Louisiana**
Address: PO Box 94095, Baton Rouge, LA 70804
Contact: Jena W. Cary or Angel Vernon
Phone: 225-342-0713
Business Type: State Government
Account Size: 1,975 Members

Account Name: **Lafayette Parish School Board**
Address: PO Drawer 2158, Lafayette, LA 70502
Contact Name: Cindy Wilkinson
Phone: 337-521-7064
Business Type: School Board – Education
Account Size: 1,101 Members

Account Name: **Lafayette Consolidated Government**
Address: PO Box 52122, Lafayette, LA 70505
Contact Name: Judy Landry
Phone: 337-233-6066
Business Type: Municipality
Account Size: 432 Members

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Added Benefits for DINA Dental Members

Free Discounted Vision Plan

As a member of DINA, you and your family have access to a **Free** Discount Vision Plan.

You can view the benefits and print a card by visiting our website, www.dinadental.com and click on the "**Links"** tab which will direct you to the U.S. Vision Plan website. Also, you can go directly to www.usvisionplan.com and print your card.

This card is pre-activated and can be used immediately. It is a free service offered by DINA Dental and is not an insurance product.

Free Prescription Drug Card

Visit www.dinadental.com or www.unarxcard.com to download and print a card that offers a savings of 30% to 70% on your prescription drugs. This card is recognized at over 50,000 pharmacies.

This card is also pre-activated and can be used immediately. It is a free service offered by DINA Dental and is not an insurance product.

FREE Vision Discount Plan with the purchase of any DINA Dental Plan™

As a member of DINA, you and your family have access to a **Free** Discount Vision Plan.

You can view the benefits and print a card by visiting our website, www.dinadental.com and click on the "**Links"** tab which will direct you to the U.S. Vision Plan website. Also, you can go directly to www.usvisionplan.com and print your card. This card is pre-activated and can be used immediately.

This is a free service offered by DINA Dental and is not an insurance product.

A member of: United Networks OF AMERICA

A member of: United Networks OF AMERICA

Member Benefits

$25 Eyeglasses "New"

Eye Exams	5% to 20% Discount
Frames	20% to 50% off retail
Lenses	20% to 25% off retail
LASIK	15% to 55% discount
CRT procedure	20% to 25% discount
Online Contact Lenses	Best Price Guarantee

Note: Fees vary by vendor and vendor location. The deepest discounts can be found at Target Optical, JC Penny Optical, Pearle Vision Centers, and Sears Optical.

USVISIONPLAN.COM is a Discount *Preferred Provider Network* (DPPN) NOT insurance.

Designed & Maintained by NetShapers, Inc.

Frequently Asked Questions

Q: What is USVISIONPLAN.COM?

A: ***USVISIONPLAN.COM*** is a Discount *Preferred Provider Network* (DPPN). Unlike vision insurance our plan has no waiting periods, no limitations or exclusions, no annual/lifetime maximums, and no claim forms. Simply visit a ***USVISIONPLAN.COM*** Provider, show your member card, and pay the adjusted bill. ***USVISIONPLAN.COM*** is your simple solution to vision benefits!

Q: Do I need to get authorization to access this program?

A: No, if you are a member of ***USVISIONPLAN.COM*** you may visit any of our participating provider locations at any time. Please verify benefits with provider prior to any services being rendered.

Q: Are pre-existing conditions covered?

A: Yes, all pre-existing conditions are covered.

Q: What is the waiting period, deductible, etc.?

A: There is no waiting period before you can start using the plan! And, there are no deductibles, no claim forms to fill out, and no limits on visits to ***USVISIONPLAN.COM*** providers!

Q: How much do members save on vision fees?

A: Members can save up to 60% on vision products and services. You can view savings by visiting MEMBER BENEFITS.

Q: How do I know if I am a member of USVISIONPLAN.COM?

A: You should have a ***USVISIONPLAN.COM*** or United Networks of America logo on your member card. If you are not sure you can contact us at 800.726.4232.

Q: How do I access the Preferred Provider Listing?

A: The Preferred Provider Listing is accessible 24 hours a day on this web site. Simply enter your zip code and our search engine will display all ***USVISIONPLAN.COM*** providers located in your area.

Q: How do I know which Preferred Provider to select?

A: You may go to any provider listed on the ***USVISIONPLAN.COM*** Preferred Provider Network.

LASIK INFORMATION

QualSight™
Preferred LASIK Pricing

Laser Vision Correction Program

As a US vision Plan member, you and members of your family may now receive significant savings on LASIK eye surgery!

Member Benefits:

1. Safe and Proven Technology – The latest FDA approved lasers
2. Experienced – Over 1.5 million procedures performed
3. Convenience – Over 600 locations nationwide
4. URAC/NCQA Credentialed LASIK Surgeons
5. Most Patients return to work the next day!
6. Retreatment Plans – Lifetime Assurance Plans available
7. Flexible Financing Options

How it Works:

1. Call 1-888-733-6695 to speak with a QualSight Care Manager
2. You must have your plan name and plan number to obtain preferred pricing (use your US VISION PLAN card).
3. A preliminary phone screening is conducted to ensure you are a potential candidate.
4. Select a provider from the list of credentialed, Board Certified Ophthalmologists in your area.
5. The Care Manager schedules your appointment and sends a pricing confirmation email/letter.

"More than 1/3 of Americans that use corrective eyewear are considering having LASIK to improve or correct their vision"
--- Vision Council of America

FREE Prescription Drug Card with the purchase of any DINA Dental Plan™

- Visit www.dinadental.com or www.unarxcard.com to download and print a card that offers a savings of 30% to 70% on your prescription drugs.
- This card is recognized at over 50,000 pharmacies.
- This card is also pre-activated and can be used immediately.
- This is a free service offered by DINA Dental and is not an insurance product.

UNA Rx Card

UNA RX CARD is a "**FREE**" discount prescription drug card delivered through a joint effort by RESTAT and United Networks of America. This program is made possible through the participation of U.S. pharmacies and pharmaceutical companies. UNA Rx Card provides members with average savings of 32%-35% off U&C Pricing with savings as high as 75% on some medications. UNA Rx Card is designed as a standalone benefit program but it may also be used as a supplement for insured prescription plans to cover non-formulary prescriptions. It can also be used as a Medicare Part D supplement by covering drugs once participants reach the "donut hole"!

The UNA Rx Card network includes most major pharmacy chains nationwide.

Here is a partial list of participating UNA Rx Card pharmacies:

DINA DENTAL PLAN

We have a plan to fit every smile.

Quote Request

Group Information

Name of Company/Group ~			
Address ~	City:	State:	Zip:
Name of Contact ~			
Type of Business ~	Total Number of Employees ~		
Employer Contribution? Yes ☐ No ☐	If yes, percentage amount ~		
Prior Coverage? Yes ☐ No ☐	If yes ~ 2 Years ☐ or 3 Years ☐		

Only complete shaded sections if you answered "YES" to prior coverage.

Enrollment Status	Current Rates	Renewal Rates
Employee Only	$	$
Employee + 1	$	$
Employee + Family	$	$

Desired Effective Date ~	Date Quote Needed ~
Choose Plan/Plans for Quote ~ Full Indemnity ☐ PPO ☐ Prepaid ☐	

The following information is needed to quote the Full Indemnity Plan:

Deductible Amount ~ $50 ☐ $75 ☐ $100 ☐

Calendar Year Maximum Benefits ~ $1000 ☐ $1500 ☐ $2000 ☐ $2500 ☐

Include Orthodontic Rider ~ Yes ☐ No ☐

Move to Basic Services ~ Endo ☐ Perio ☐ Oral Surgery ☐

Remove 1 Year Wait on Major Services ~ Yes ☐ No ☐

Please attach Present Plan and Rates

Comments:

DINA Dental
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

225-291-3172 / Fax 225-292-3075
x1403 Doug Jones
x1401 Loralyn Chenevert

800-376-DINA (3462)
Doug@dinadental.com
Loralyn@dinadental.com

DINA Dental Plan™
Guaranty Assurance Company
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

DINA Dental Plan™
Marketing: 225-291-3172
~ or ~ 800-376-3462
Fax Application to: 225-292-3075

Application for Group Dental Policy

(Plan Sponsor ~ Employer) _____ (Effective Date) _____

(Mailing Address) _____ (City) _____ (State) _____ (Zip Code) _____

(Telephone Number ~ Include Area Code) _____ (Contact Person) _____

(Fax # ~ Include Area Code) _____ (E-mail Address) _____ (Number of Eligible Members in Group) _____

Does the Group have a Cafeteria Plan? Yes ☐ No ☐ (Anniversary Month of Group's Plan Year) _____

Group Plan Type (Select Only One)

Prepaid Plan ☐ PPO Plan ☐ Indemnity Plan ☐

1. All eligible persons who are members of the group prior to the requested date of issue shall be eligible for coverage under the group policy as of the date of issue.
2. All eligible persons who become members of the group after the first day of the group's plan year shall be eligible for coverage on the first day of the month which will follow the completion of the number of continuous days of employment required by the plan's sponsor.

Coverage under this Group Policy will be offered to (Choose only 1): Employee Only ☐ Employee & Dependents ☐

Sponsor will contribute _____ % of the premium for (Choose only 1): Employee Only ☐ Employee & Dependents ☐

Sponsor will contribute _____ % of the premium for (Choose only 1): Employee Only ☐ Employee & Dependents ☐

Premiums will be paid by the plan sponsor in advance of each covered period. Choose only one option:

Monthly ☐ Quarterly ☐ Semi-Annually ☐

No agent has the authority to modify, enlarge, vary or waive any provision of the group policy which Guaranty Assurance Company will issue in connection with this application. It is agreed that Guaranty Assurance Company shall promptly refund any premium paid with this application if the group's policy is not issued for any reason or if it is returned within ten (10) days of receipt by the plan sponsor.
Checks payable to DINA Dental Plan.

Application executed at _____ (Location of Office) this _____ (Day) day of _____ (Month) 20 _____ (Year)

_____ (Group Sponsor's Signature) _____ (Title)

Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison.

_____ (Agent's Signature) _____ (Agent Number)

Application accepted by: _____ (Guaranty Officer's Signature) _____ (Date Signed)

Group Number: _____ Premiums: ____/____/____/____

Group Number: _____ Premiums: ____/____/____/____

DINA Dental Plan™
Guaranty Assurance Company
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

DINA Dental Plan™
Marketing: 225-291-3172
~ or ~ 800-376-3462
Fax Application to: 225-292-3075

Group Indemnity Plan Only

Application for Membership & Dental Insurance

Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip:
Phone:	SSN:	Date of Birth: Male ☐ Female ☐
Employer:	Work Phone:	
Date of Hire:	Date of Termination (if cancelling):	

Effective Date Requested: **(Must be 1st of Month)**

2 Tier Rating		Premium
E Only	☐	$
E + Family	☐	$

3 Tier Rating		Premium
E Only	☐	$
E + One	☐	$
E + Family	☐	$

4 Tier Rating		Premium
E Only	☐	$
E + Spouse	☐	$
E + Child/ren	☐	$
E + Family	☐	$

Include coverage for the listed dependents. Unmarried children up to age 25 may be covered as a dependent.

Dependents	First, Middle Initial, Last Name	Social Security Number	Date of Birth	Male	Female
Spouse				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐

Do you or any dependents listed above have other dental insurance coverage? Yes ☐ No ☐

Membership in the DINA Dental Plan and dental insurance is requested for all persons named in this application. Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my employer to deduct the contribution from my wages.

Applicant's Signature: _____ **Date Signed:** _____

Agent's Signature: _____ **DINA Agent #** _____

Takeover: Yes ☐ No ☐ Prior Carrier & Expiration Date: _____

Premium Payment Mode (Select Only One) ~ Include 1st month's premium & bank draft or credit card form.
(Individuals must pay 6 months, 12 months, or monthly bank draft. Payroll deduction available for groups only.)

Monthly Options: (Bank Draft & Credit Card Only)	Bank Draft ☐	Credit Card ☐	Other Options:		
Payroll Deduction:	Weekly ☐	Bi-Weekly ☐	Semi-Monthly ☐	Monthly ☐	Quarterly ☐	Semi-Annually ☐	Annually ☐

Company Use Only

Group #	Dentist #	Dentist's Name:	Certificate #
Mode Premium $	Monthly Premium $	Amount Paid with App $	

DINA Dental Plan™
Guaranty Assurance Company
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

DINA Dental Plan™
Customer Service: (866) 436-3093
Marketing: (800) 376-3462
Marketing Fax: (225) 292-3075

Application/Change Form for Membership and Dental Insurance

PPO Plan Application for Membership & Dental Insurance

Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip:
Phone:	SSN:	Date of Birth: / Male ☐ Female ☐
Date of Hire:	Date of Termination (if cancelling):	

Add ☐ **Effective Date:** _____
Delete ☐ **Notes:** _____
Change ☐ _____
Cancel ☐ _____
Other ☐ _____

Enrollment Status	PPO PLAN
Employee Only	☐ $20.00
Employee + One	☐ $38.00
Employee + Family	☐ $60.00

Include coverage for the listed dependents. Unmarried children up to age 26 may be covered as a dependent.

Dependents	First, Middle Initial, Last Name	Social Security Number	Date of Birth	Male	Female
Spouse				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐

Do you or any dependents listed above have other dental insurance coverage? Yes ☐ No ☐

Membership in the DINA Dental Plan and dental insurance is requested for all persons named in this application. Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my employer to deduct the contribution from my wages.

Applicant's Signature: _____ **Date Signed:** _____

Agent's Signature: _____ **DINA Agent #** _____

Takeover: Yes ☐ No ☐ Prior Carrier & Expiration Date: _____

Premium Payment Mode (Select Only One)

Monthly Options: (Bank Draft & Credit Card Only)	Bank Draft ☐	Credit Card ☐	Other Options:		
Payroll Deduction:	Weekly ☐	Bi-Weekly ☐	Semi-Monthly ☐	Monthly ☐	Quarterly ☐	Semi-Annually ☐	Annually ☐

Company Use Only

Group #	Dentist #	Dentist's Name:	Certificate #
Mode Premium $	Monthly Premium $	Amount Paid with App $	

DINA Dental Plan™
Guaranty Assurance Company
11969 Bricksome Ave, Ste A
Baton Rouge, LA 70816

DINA Dental Plan™
Customer Service: (866) 436-3093
Marketing: (800) 376-3462
Marketing Fax: (225) 292-3075

Prepaid Plan Application for Membership and Dental Insurance

Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip:
Phone: SSN:	Date of Birth:	Male ☐ Female ☐
Employer:	Work Phone:	
Date of Hire:	Date of Termination (if cancelling):	

Effective Date: _____ **Notes:** _____

Individual Prepaid Plan / Rates		**Group Prepaid Plan / Rates**	
Individual Only	☐ $13.00	Employee Only	☐ $13.00
Individual + 1	☐ $21.00	Employee + 1	☐ $21.00
Individual + 2 or 3	☐ $28.00	Employee + Family	☐ $28.00
Individual + 4 or More	☐ $32.00		

Name of Selected Dentist Using the DINA Dental Network of Providers
_____

Include coverage for the listed dependents. Unmarried children up to age 25 may be covered as a dependent.

Dependents	First, Middle Initial, Last Name	Social Security Number	Date of Birth	Male	Female
Spouse				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐

Do you or any dependents listed above have other dental insurance coverage? Yes ☐ No ☐

Membership in the DINA Dental Prepaid Plan is requested for all persons named in this application. Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my employer to deduct the contribution from my wages.

Applicant's Signature: _____ **Date Signed:** _____
Agent's Signature: _____ **DINA Agent #** _____

Takeover: Yes ☐ No ☐ Prior Carrier & Expiration Date: _____

Premium Payment Mode (Select Only One)
(Individuals must pay 6 months, 12 months, or monthly bank draft. Payroll deduction available for groups only.)

Monthly Options: (Bank Draft & Credit Card Only)	Bank Draft ☐	Credit Card ☐

Payroll Deduction:	Weekly ☐	Bi-Weekly ☐	Semi-Monthly ☐	Monthly ☐

Other Options:

Quarterly ☐	Semi-Annually ☐	Annually ☐

Company Use Only

Group #	Dentist #	Dentist's Name:	Certificate #
Mode Premium $	Monthly Premium $	Amount Paid with App $	

SINGLE CASE COMMISSION AGREEMENT

Group Name: _____ Group #:_____

Group Effective Date: _____

Agent Name: _____

Agent #: _____ Commission Payment: _____%

Agent Signature: _____ Date: _____

General Agent Name_____

Agent #: _____ Commission Payment: _____%

General Agent Signature: _____ Date: _____

Internal Sales Representative Name & #: Doug Jones #05

Sales Representative Signature: _____ Date: _____

Marketed and Administered by: DINA DENTAL PLANS

Underwritten By: GUARANTY ASSURANCE COMPANY

DINA Dental Plans

Credit Card Payment Form

Mail to: DINA Dental Plans
Attn: Accounting
101 Parklane Blvd, Ste 301
Sugar Land, TX 77478

Phone (866) 436-3093
Fax (832) 415-0131
E-mail: ldouglas@fcldental.com

Card Description: **VISA** **MASTER CARD** **DISCOVER** **AMERICAN EXPRESS**
(Circle One)

Date: _____

Amount: _____

Card Number: _____

Exp. Date: _____

Customer ID Number:
(last 4 digits of SS# if new app) _____

Full Name on Card: _____

I hereby authorize DINA Dental Plans to process the above credit card and payment amount:

Signature: _____ Date: _____

Authorization to Honor ACH Drawn By Guaranty Assurance Company (DINA Dental)

Name of Depositor as Shown on Bank Records (Please Print)	Account Number

Name of Bank (Include Branch Name If Any)

Address of Bank or Branch (City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account ACH drawn on my account by and payable to the order of Guaranty Assurance Company, Sugar Land, TX; provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such ACH shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until you actually receive such notice. I agree that you shall be fully protected in honoring any such ACH.

I further agree that if any such ACH be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date	Signature of Depositor as Shown on Bank Records

BDA- Guaranty Assurance Company, 101 Parklane Blvd, Ste 301, Sugar Land, TX 77478

Policy # (For Home Office Use Only	Print Name of Depositor as it Appears on Bank Records

Full Name of Bank (Include Branch Name If Any)

Address of Bank or Branch (City and State)

Routing Number (9 digits usually at far left of check)	**Account Number (10 digits)**

Automatic Bank Draft Authorization

I, the undersigned hereby authorize Guaranty Assurance Company, Sugar Land, TX, to draw ACH each month against my checking account at the Bank named above to pay my Dental Insurance Premium, and I agree that the presentation of such premium payment ACH shall constitute notices of insurance premiums due. I understand that this draft will take place on or around the 6th of each month until I discontinue my coverage with written notification.

Date Completed

Signature of Depositor as it Appears on Bank Records

*** Please Attach a Copy of a Voided Check ***

GUARANTY ASSURANCE COMPANY d/b/a DINA Dental Plan
A LIFE, ACCIDENT AND HEALTH INSURER
11969 Bricksome Avenue, Ste A
Baton Rouge, Louisiana 70816

AGENT APPLICATION ~ Please Mail, Fax, or E-mail

Last Name:	**First Name:**	**Middle Name (Initial):**

Agency Name (If Applicable):

☐ **Please check box to issue appointment under agency's name.**

Street Address:

City:	**State:**	**Zip:**

Phone Number:	**Fax Number:**	**Cell Number:**	**E-mail:**

Agent/Agency Tax ID Number:	**Agent/Agency License Number**

The undersigned agent warrants and represents that his or her class "C" license has not been suspended, revoked, or restricted, by any court, or agency of competent jurisdiction within any state during the past five years, and that said class "C" license is also in good standing with the Department of Insurance of the issuing state for its current license year.

Agent's Signature **Date**

A check payable to Guaranty Assurance Company for the initial appointment fee of $20.00 is required before Guaranty Assurance Company will process a new agent's application. Please also complete and return a W-9 Form with your Agent Application.

Company Use Only

Agent Master	Agent Number	Agreement Percentage
Field 0		
Field 1		
Field 2		
Field 3		
Field 4		

Approved By:	Date:	Master Updated By:	Date:

Agent Number

Contract Date:	Fee Paid: ☐ Yes ☐ No

DINA Dental Plan™

Fax (225) 292-3075 ~ E-mail: loralyn@dinadental.com

Toll Free: (800) 376-3462 ~ Local (225) 291-3172 x1401

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			–		–				

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/ disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.