

**DENTAL FEE SCHEDULE
AND
ENROLLMENT INSTRUCTIONS**

<u>Coverage Type</u>	<u>Premium</u>
Single	\$26.91
Two Party	\$53.82
Family	\$96.07

For those desiring to enroll in the Olympia Dental Plan insured by the Madison National Life Insurance Company, you must:

1. Complete an Employee Application for each employee enrolling.
2. Each Office must also complete one Employer Data Form.
3. Submit the completed application(s) and Employer Data Form with a payment equal to 1 month of premium for each applicant to:

Madison National Life Insurance Company, Inc.
Attention: Connie Hagen
6612 E. 75th Street
Indianapolis, IN 46250

4. Please make checks payable to Madison National Life Insurance Company
5. Student Verification:
Please remember – children who are age 19 and older can only be covered if they are full time students. Claims incurred on over age children will be pended until student verification is received.

Your enrollment must be received later than the 15th of the month for an effective date the first day of the next month. (e.g., July 15th for an effective date of August 1st).



MSCPA EMPLOYER DATA FORM

Business Name:		MSCPA Group # OLY3
Address (Street)	(City)	(State) (Zip)
Billing Address, if different (Street)	(City)	(State) (Zip)
Office Phone ()	Office Administrator's Name:	
Office Fax ()	Office Administrators Email Address:	
Name of Applicant(s) Submitted with this Data Form:	4.	
1.	5.	
2.	6.	
3.	7.	
Office Administrator's Signature _____ Date: ____/____/____		

Submit with Employee Application to:
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