All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

KAISER PERMANENTE®

2025 Oregon Small Group Dental Enrollment Application

Use this form to add dental coverage when your group already offers a small group medical plan with Kaiser Foundation Health Plan of the Northwest. Otherwise, use the Oregon Small Business Employer Application. Have each eligible employee complete the Oregon Enrollment/Change form or waiver form for their dental plan selection.

Group name _____ Group number _____

Dental contract effective date _____ Medical plan renewal date _____

Contract and billing information

Primary contact[1]	Phone	Email	
Primary mailing address[1]	City	State	ZIP
Billing contact[1]	Phone	Email	
Billing address[1] ☐ Same as primary	City	State	ZIP

Employer contribution information

Total monthly employer contribution to: _____ % Employee _____ % Dependents

Pediatric-only dental plan options (18 and younger)

Please select your required pediatric-only dental plan from the choices below. We understand you may have acquired pediatric dental coverage from another carrier. Please select a plan in order to cover employees and/or dependents who may waive the alternate coverage.

TRADITIONAL PLAN OPTIONS[2]

☐ KP OR Pediatric Traditional 80 Dental Plan
☐ KP OR Pediatric Traditional 100 Dental Plan
☐ KP OR Pediatric Traditional 100 + Ortho Dental Plan

CHOICE PLAN OPTIONS

☐ KP OR Pediatric Choice 80 Dental Plan
☐ KP OR Pediatric Choice 100 Dental Plan
☐ KP OR Pediatric Choice 100 + Ortho Dental Plan

[1]Please complete an Employer Administrative Changes form if this is an update to your group information.

[2]Traditional Dental plans are not available to employers in the following ZIP codes: 97390, 97412, 97413, 97430, 97434, 97439, 97453, 97463, 97480, 97488, 97490, 97492, 97493. Employers may select a PPO/Choice plan.

Family dental plan options (pediatric and adult)

TRADITIONAL PLAN OPTIONS*

- ☐ KP OR Family Traditional — $1000
- ☐ KP OR Family Traditional — $1000/$50 Ded
- ☐ KP OR Family Traditional — $1000/$100 Ded
- ☐ KP OR Family Traditional — $1000/$100 Ded + Ortho
- ☐ KP OR Family Traditional — $1500
- ☐ KP OR Family Traditional — $1500/$50 Ded
- ☐ KP OR Family Traditional — $1500/$100 Ded
- ☐ KP OR Family Traditional — $1500/$100 Ded + Ortho
- ☐ KP OR Family Traditional — $2000
- ☐ KP OR Family Traditional — $2000/$50 Ded
- ☐ KP OR Family Traditional — $2000/$100 Ded
- ☐ KP OR Family Traditional — $2000/$100 Ded + Implants
- ☐ KP OR Family Traditional — $2000/$100 Ded + Ortho
- ☐ KP OR Family Traditional — $2000/$100 Ded + Ortho + Implants
- ☐ KP OR Family Traditional — $2500/$50 Ded
- ☐ KP OR Family Traditional — $2500/$100 Ded
- ☐ KP OR Family Traditional — $2500/$100 Ded + Implants
- ☐ KP OR Family Traditional — $2500/$100 Ded + Ortho
- ☐ KP OR Family Traditional — $2500/$100 Ded + Ortho + Implants
- ☐ KP OR Family Traditional — $3000/$50 Ded
- ☐ KP OR Family Traditional — $3000/$100 Ded
- ☐ KP OR Family Traditional — $3000/$100 Ded + Implants
- ☐ KP OR Family Traditional — $3000/$100 Ded + Ortho
- ☐ KP OR Family Traditional — $3000/$100 Ded + Ortho + Implants

PPO PLAN OPTIONS

- ☐ KP OR Family Choice — $1000/$50 Ded
- ☐ KP OR Family Choice — $1000/$100 Ded
- ☐ KP OR Family Choice — $1000/$100 Ded + Ortho
- ☐ KP OR Family Choice — $1500/$50 Ded
- ☐ KP OR Family Choice — $1500/$100 Ded
- ☐ KP OR Family Choice — $1500/$100 Ded + Ortho
- ☐ KP OR Family Choice — $2000/$50 Ded
- ☐ KP OR Family Choice — $2000/$100 Ded
- ☐ KP OR Family Choice — $2000/$100 Ded + Implants
- ☐ KP OR Family Choice — $2000/$100 Ded + Ortho
- ☐ KP OR Family Choice — $2000/$100 Ded + Ortho + Implants
- ☐ KP OR Family Choice — $2500/$50 Ded
- ☐ KP OR Family Choice — $2500/$100 Ded
- ☐ KP OR Family Choice — $2500/$100 Ded + Implants
- ☐ KP OR Family Choice — $2500/$100 Ded + Ortho
- ☐ KP OR Family Choice — $2500/$100 Ded + Ortho + Implants

VOLUNTARY TRADITIONAL PLAN OPTIONS*

- ☐ KP OR Family Traditional — $1000/$50 Ded — Voluntary
- ☐ KP OR Family Traditional — $1500/$50 Ded — Voluntary
- ☐ KP OR Family Traditional — $2000/$50 Ded — Voluntary

VOLUNTARY PPO PLAN OPTIONS

- ☐ KP OR Family Choice — $1000/$50 Ded — Voluntary
- ☐ KP OR Family Choice — $1500/$50 Ded — Voluntary
- ☐ KP OR Family Choice — $2000/$50 Ded — Voluntary

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Producer of record verification

Producer	Agency
Signature of principal/corporate officer	Date

I understand that it may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

Representation Regarding Waiting Periods

Group hereby represents that Group does not impose a waiting period exceeding 90 days on employees who meet Group's eligibility requirements. For purposes of this requirement, a "waiting period" is the period that must pass before coverage for an individual who is otherwise eligible to enroll under the terms of a group health plan can become effective, in accord with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

In addition, Group represents that eligibility data provided by the Group to Company will include coverage effective dates for Group's employees that correctly account for eligibility in compliance with the waiting period requirements in the Patient Protection and Affordable Care Act and regulations.

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