

Group Dental Insurance Preliminary Application



The undersigned Applicant hereby applies to the Fortis Benefits Insurance Company for a Group Policy of Dental Care Insurance.

Legal name of applicant Nassau County Board of County Commissioners

Address of applicant 96161 Nassau Place Yulee, Florida 32097

Name(s) of subsidiaries, divisions or affiliates to be insured Please See Attached

Member eligibility requirements _____

Eligible class _____

Eligibility period: Initial employees/members None New employees/members 90 Days or date in Office

Number of hours worked to be eligible (if applicable) 20 hours per week

Requested effective date October 1, 2004

Requested anniversary date October 1, 2004

\$ _____ initial deposit accompanies this application.

NOTICE TO APPLICANTS

- A. COVERAGE IS NOT EFFECTIVE UNTIL THIS APPLICATION IS APPROVED AND ACCEPTED BY THE GROUP INSURANCE HEADQUARTERS OF FORTIS BENEFITS LOCATED IN KANSAS CITY, MISSOURI.
- B. The applicant certifies that all information provided is correct and is bound by the terms and conditions of the group policies.
- C. Fortis Benefits will apportion experience refunds, if any, in accordance with its formula for calculating such refunds.
- D. Tailored Plans: The group policy will be issued to the applicant, if approved. A final application will be executed when the policy is delivered.
- E. Small Group or Voluntary Trust Plans: This application is to participate in the Trust which holds the small group or voluntary plan group policies.
- F. ERISA - The coverage applied for provides benefits for the employee welfare benefit plan established and maintained by the employer under the Employee Retirement Income Security Act (ERISA), unless otherwise exempted by law. The employer is the Plan Administrator unless otherwise noted.
- G. Coverage will automatically terminate if the premiums are not paid before the end of the grace period following the due date. Payment of premiums for coverage provided during the grace period is required.
- H. All insurance coverage may be terminated if the number or percentage of participants falls below that required by the policy.
- I. No one except the President, Vice President, Secretary or Chief Financial Officer of Fortis Benefits can make, alter or discharge contracts or waive any of Fortis Benefits' rights or requirements.

Certain coverages may be required to be offered in the state of issue. Such coverages, if any, are listed on an attached Supplement to Application for Group Insurance. Each coverage checked "Yes" is to be included. Each coverage checked "No" is not to be included.

Signed at Nassau County, Florida, this 14th day of June, 2004

(Witness)

(Signature) Floyd Vanant, Chairman

(Licensed resident agent if required by law)
Approved as to Form by the
Nassau County Attorney

Nassau County Board of County Commissioners
(Title)

P. O. Box 1010
Fernandina Beach, Florida 32035
(Principal address of applicant)

ATTEST:

NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE INSURED:

Clerk's Office, Mr. Chip Oxley
Property Appraiser, Mr. James Page
Sheriff's Department, Mr. Larry Vaught
Supervisor of Elections, Vickie Cannon
Tax Collector, Ms. Gwendolyn Miller
Nassau County Board of County Commissioners

Schedule Plan Allowances

Old vs. New

NEW CODES	CODE DESCRIPTION	Old Plan	New Plan
120	Periodic Oral Evaluation	\$ 18	\$ 20
140	Limited Oral Evaluation	\$ 18	\$ 20
150	Comprehensive Oral Evaluation	\$ 26	\$ 30
160	Detailed and Extensive Oral Evaluation	\$ 26	\$ 30
1110	Prophylaxis (Adult)	\$ 39	\$ 41
1120	Prophylaxis (Child)	\$ 29	\$ 30
1203	Topical Fluoride in conjunction with prophylaxis	\$ 16	\$ 16
1351	Sealant	\$ 23	\$ 24
1510	Space Maintainer - fixed - unilateral	\$ 143	\$ 150
1515	Space Maintainer - fixed - bilateral	\$ 228	\$ 236
1520	Space Maintainer - removable - unilateral	\$ 260	\$ 293
1525	Space Maintainer - removable - bilateral	\$ 260	\$ 264
8210	Harmful Habit Appliance - fixed	\$ 195	\$ 195
8220	Harmful Habit Appliance - removable	\$ 195	\$ 195
210	Complete X-rays, including bitewings	\$ 43	\$ 44
330	Panoramic film	\$ 33	\$ 36
220	Periapical film	\$ 8	\$ 8
230	Additional periapical film, each	\$ 8	\$ 8
240	Intraoral, occlusal film	\$ 13	\$ 13
250	Extraoral, first film	\$ 13	\$ 13
260	Extraoral, each additional	\$ 13	\$ 13
270	Bitewing, single film	\$ 8	\$ 8
272	Bitewing, two films	\$ 13	\$ 13
274	Bitewing, four films	\$ 18	\$ 19
415	Bacteriologic studies	\$ 7	\$ 7
501	Histopathologic examination	\$ 47	\$ 50
9110	Palliative (emergency) treatment of dental pain	\$ 26	\$ 30
9610	Therapeutic Drug Injections	\$ 14	\$ 17
2110	Amalgam - one surface, primary	\$ 33	\$ 36
2120	Amalgam - two surfaces, primary	\$ 39	\$ 42
2130	Amalgam - three surfaces, primary	\$ 52	\$ 55
2131	Amalgam - four surfaces, primary	\$ 65	\$ 66
2140	Amalgam - one surface, permanent	\$ 33	\$ 36
2150	Amalgam - two surfaces, permanent	\$ 39	\$ 42
2160	Amalgam - three surfaces, permanent	\$ 52	\$ 55
2161	Amalgam - four surfaces, permanent	\$ 65	\$ 66
2210	Silicate Cement - per restoration	\$ 20	Not Listed
2330	Resin - one surface, anterior	\$ 33	\$ 36
2331	Resin - two surfaces, anterior	\$ 39	\$ 42
2332	Resin - three surfaces, anterior	\$ 52	\$ 55
2335	Resin - four or more surfaces or involving incisal angle, anterior	\$ 65	\$ 66
2336	Composite resin crown	\$ 78	\$ 94
2380	Resin - one surface, posterior-preimary	\$ 33	\$ 36
2381	Resin - two surfaces, posterior-primary	\$ 39	\$ 42
2382	Resin - Three surfaces, posterior - primary	\$ 52	\$ 55
2385	Resin - one surface, posterior - permanent	\$ 33	\$ 36
2386	Resin - two surfaces, posterior - permanent	\$ 39	\$ 42
2387	Resin - three or more surfaces, posterior - permanent	\$ 52	\$ 55
2410	Gold foil - one surface	\$ 33	\$ 36
2420	Gold foil - two surfaces	\$ 39	\$ 42
2430	Gold foil - three surfaces	\$ 52	\$ 55
2951	Pin retention	\$ 13	\$ 14
7110	Uncomplicated extraction (single tooth)	\$ 36	\$ 39
7120	Uncomplicated extraction each additional tooth	\$ 36	\$ 39
7130	Root removal - exposed roots	\$ 36	\$ 39
7510	Incision and drainage of abscess intraoral soft tissue	\$ 47	\$ 57
7520	Incision and drainage of abscess extraoral soft tissue	\$ 61	\$ 71
3220	Pulpotomy (excluding final restoration), limited to treatment of primary teeth	\$ 47	\$ 47
3310	Root Canal, anterior	\$ 215	\$ 215
3320	Root Canal, buccuspisid	\$ 251	\$ 251
3330	Root Canal, molar	\$ 343	\$ 343
3346	Retreatment of previous root canal therapy, anterior	\$ 215	\$ 215

Option 9

3347	Retreatment of previous root canal therapy, bicuspid	\$	251	\$	251
3348	Retreatment of previous root canal therapy, molar	\$	343	\$	343
3351	Apexification/Recalcification - initial visit	\$	51	\$	51
3352	Apexification/Recalcification - interim medication replacement	\$	47	\$	47
3353	Apexification/Recalcification - final visit	\$	329	\$	329
3410	Apicoectomy/Periradicular - anterior	\$	228	\$	228
3421	Apicoectomy/Periradicular - bicuspid	\$	251	\$	251
3425	Apicoectomy/Periaradicular - molar	\$	268	\$	268
3246	Apicoectomy/Periradicular - each additional root	\$	90	\$	90
3430	Retrograde filling - per root	\$	56	\$	56
3450	Root amputation - per root	\$	139	\$	139
3920	Hemisection (including any root removal)	\$	118	\$	118
4210	Gingivectomy - per quadrant	\$	74	\$	90
4211	Gingivectomy - per tooth	\$	26	\$	28
4220	Gingival curettage, per quadrant	\$	38	\$	39
4240	Gingival flap procedure, including root planing, per quadrant	\$	98	\$	117
4260	Osseous surgery (including flap entry and closure), per quadrant	\$	211	\$	211
4263	Bone replacement graft, first site in quadrant	\$	211	\$	211
4264	Bone replacement grafts - each additional site in quadrant	\$	98	\$	98
4270	Pedicle soft tissue graft procedure	\$	137	\$	156
4271	Free soft tissue graft procedure	\$	156	\$	165
4320	Provisional Splinting - intracoronal	\$	34	\$	40
4321	Provisional Splinting - extracoronal	\$	30	\$	45
4341	Scaling and root planing, per quadrant	\$	39	\$	45
4910	Periodontal Maintenance	\$	26	\$	26
7340	Vestibuloplasty - ridge extension	\$	98	\$	105
7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$	183	\$	198
9940	Periodontal appliance	\$	88	\$	98
9951	Occlusal adjustment, limited	\$	14	\$	15
9952	Occlusal adjustment, complete	\$	59	\$	59
470	Diagnostic Casts	\$	17	\$	17
2510	Inlay - metallic - one surface	\$	117	\$	130
2520	Inlay - metallic - two surfaces	\$	117	\$	130
2530	Inlay - metallic - three surfaces	\$	117	\$	130
2543	Onlay - metallic - three surfaces	\$	39	\$	50
2544	Onlay - metallic - four or more surfaces	\$	39	\$	50
2610	Inlay - porcelain/ceramic - one surface	\$	117	\$	130
2620	Inlay - porcelain/ceramic - two surfaces	\$	117	\$	130
2630	Inlay - porcelain/ceramic - three or more surfaces	\$	117	\$	130
2642	Onlay - porcelain/ceramic - two surfaces	\$	39	\$	50
2643	Onlay - porcelain/ceramic - three surfaces	\$	39	\$	50
2644	Onlay - porcelain/ceramic - four or more surfaces	\$	39	\$	50
2650	Inlay - composite/resin - one surface	\$	117	\$	130
2651	Inlay - composite/resin - two surface	\$	117	\$	130
2652	Inlay - composite/resin - three surfaces	\$	117	\$	130
2662	Onlay - composite/resin - two surfaces	\$	39	\$	50
2663	Onlay - composite/resin - three surfaces	\$	39	\$	50
2664	Onlay - composite/resin - four or more surfaces	\$	39	\$	50
2710	Crown - resin	\$	45	\$	59
2720	Crown - resin with precious metal	\$	195	\$	200
2721	Crown - resin with nonprecious metal	\$	195	\$	200
2722	Crown - resin with semiprecious metal	\$	195	\$	200
2740	Crown - porcelain	\$	195	\$	200
2750	Crown - porcelain with precious metal	\$	195	\$	200
2751	Crown - porcelain with nonprecious metal	\$	195	\$	200
2752	Crown - porcelain with semiprecious metal	\$	195	\$	200
2790	Crown - full cast precious metal	\$	195	\$	200
2791	Crown - full cast nonprecious metal	\$	195	\$	200
2792	Crown - full cast semiprecious metal	\$	195	\$	200
2810	Crown - 3/4 cast metallic	\$	195	Not Listed	
2910	Recement inlay	\$	16	\$	17
2920	Recement crown	\$	16	\$	17
2930	Stainless Steel Crown - primary tooth	\$	42	\$	45
2931	Stainless Steel Crown - permanent tooth	\$	44	\$	48
2932	Prefabricated Resin Crown	\$	43	\$	53
2950	Crown build-up	\$	39	\$	45
2952	Post and Core - in addition to crown	\$	65	\$	68

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2954 Prefabricated Post and Core - in addition to crown	\$	59	\$	59
2960 Labial veneer (laminate) - chairside	\$	98	\$	98
2961 Labial veneer (resin finish) - laboratory	\$	98	\$	98
2962 Labial veneer (porcelain laminate) - laboratory	\$	98	\$	98
2980 Crown Repair	\$	33	\$	34
5110 Complete Upper Denture	\$	228	\$	240
5120 Complete Lower Denture	\$	228	\$	240
5130 Immediate Denture - maxillary	\$	228	\$	240
5140 Immediate Denture - mandibular	\$	228	\$	240
5211 Upper Partial Denture - resin base (including any conventional clasps,rest, and teeth)	\$	228	\$	240
5212 Lower Partial Denture - resin base (including any conventional clasps, rest, and teeth)	\$	228	\$	240
5213 Upper Partial Denture - cast metal base with resin saddles	\$	228	\$	240
5214 Lower Partial Denture - cast metal base with resin saddles	\$	228	\$	240
5281 Removable Unilateral Partial Denture - one piece cast metal	\$	113	\$	137
5410 Adjust Complete Denture - upper	\$	13	\$	14
5411 Adjust Complete Denture - lower	\$	13	\$	14
5421 Adjust Partial Denture - upper	\$	13	\$	14
5422 Adjust Partial Denture - lower	\$	13	\$	14
5510 Repair broken complete denture base	\$	26	\$	30
5520 Repair missing or broken teeth - complete denture (each tooth)	\$	26	\$	30
5610 Repair resin denture base	\$	26	\$	30
5620 Repair cast framework	\$	26	\$	30
5630 Repair or replace broken clasp	\$	26	\$	30
5640 Replace broken teeth - per tooth	\$	26	\$	30
5650 Add tooth to existing partial denture	\$	26	\$	30
5660 Add clasp to existing partial denture	\$	26	\$	30
5710 Rebase - complete upper denture	\$	65	\$	71
5711 Rebase - complete lower denture	\$	65	\$	71
5720 Rebase - upper partial denture	\$	65	\$	71
5721 Rebase - lower partial denture	\$	65	\$	71
5730 Reline complete upper denture (chairside)	\$	65	\$	71
5731 Reline complete lower denture (chairside)	\$	65	\$	71
5740 Reline upper partial denture (chairside)	\$	65	\$	71
5741 Reline lower partial denture (chairside)	\$	65	\$	71
5750 Reline complete upper denture (laboratory)	\$	65	\$	71
5751 Reline complete lower denture (laboratory)	\$	65	\$	71
5760 Reline upper partial denture (laboratory)	\$	65	\$	71
5761 Reline lower partial denture (laboratory)	\$	65	\$	71
5850 Tissue conditioning, upper	\$	20	\$	23
5851 Tissue conditioning, lower	\$	20	\$	23
6210 Pontic - cast precious metal	\$	195	\$	195
6211 Pontic - cast nonprecious metal	\$	195	\$	195
6212 Pontic - cast semiprecious metal	\$	195	\$	195
6240 Pontic - porcelain fused to precious metal	\$	195	\$	195
6241 Pontic - porcelain fused to nonprecious metal	\$	195	\$	195
6242 Pontic - porcelain fused to semiprecious metal	\$	195	\$	195
6250 Pontic - resin with precious metal	\$	195	\$	195
6251 Pontic - resin with nonprecious metal	\$	195	\$	195
6252 Pontic - resin with semiprecious metal	\$	195	\$	195
6520 Inlay - metallic - two surfaces	\$	130	\$	143
6530 Inlay - metallic - three or more surfaces	\$	130	\$	143
6543 Onlay - metallic - three surfaces	\$	195	\$	195
6544 Onlay - metallic - four or more surfaces	\$	195	\$	195
6545 Retainer - cast metal for resin bonded fixed prosthesis	\$	65	\$	65
6720 Crown - resin with precious metal	\$	195	\$	200
6721 Crown - resin with nonprecious metal	\$	195	\$	200
6722 Crown - resin with semiprecious metal	\$	195	\$	200
6750 Crown - porcelain fused to precious metal	\$	195	\$	200
6751 Crown - porcelain fused to nonprecious metal	\$	195	\$	200
6752 Crown - porcelain fused to semiprecious metal	\$	195	\$	200
6780 Crown - 3/4 precious metal	\$	195	\$	200
6790 Crown - full case precious metal	\$	195	\$	200
6791 Crown - full cast nonprecious metal	\$	195	\$	200
6792 Crown - full cast semiprecious metal	\$	195	\$	200
6930 Recement fixed partial denture	\$	20	\$	23
6970 Cast post and core in addition to fixed partial denture	\$	52	\$	58
6971 Cast post as part of fixed partial denture	\$	52	\$	58
6972 Prefabricated post and core in addition to fixed partial denture	\$	52	\$	58
6973 Core build up for retainer, including any pins	\$	39	\$	42

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6975 Coping - metal	\$	98	\$	105
6980 Fixed partial denture repair - by report	\$	37	\$	38
7210 Surgical removal or erupted tooth	\$	39	\$	45
7220 Removal of impacted tooth - soft tissue	\$	52	\$	54
7230 Removal of impacted tooth - partially bony	\$	70	\$	71
7240 Removal of impacted tooth - completely bony	\$	81	\$	83
7241 Removal of impacted tooth - completely bony with unusual surgical complications	\$	90	\$	96
7250 Surgical removal of residual tooth roots (cutting procedure)	\$	39	\$	39
7260 Oroantral fistula closure	\$	108	\$	108
7270 Tooth reimplantation	\$	53	\$	53
7272 Tooth transplantation	\$	195	\$	195
7281 Surgical exposure of impacted or unerupted tooth to aid eruption	\$	61	\$	80
7285 Biopsy of oral tissue - hard	\$	42	\$	43
7286 Biopsy of oral tissue - soft	\$	43	\$	43
7291 Transseptal fibrotomy, by report	\$	9	\$	12
7310 Alveoloplasty in conjunction with extractions	\$	35	\$	35
7320 Alveoloplasty not in conjunction with extractions	\$	39	\$	45
7470 Remove Exostosis	\$	78		Not Listed
7530 Removal of foreign body	\$	23	\$	23
7540 Removal of reaction-producing foreign bodies	\$	23	\$	23
7560 Maxillary sinusotomy	\$	23	\$	23
7960 Frenulectomy (frenectomy or frenotomy)	\$	65	\$	76
7970 Excision of hyperplastic tissue, per arch	\$	43	\$	66
7971 Excision of pericoronal gingiva	\$	43	\$	30
7980 Sialolithotomy	\$	30	\$	46
7981 Excision of salivary gland, by report	\$	30	\$	46
7982 Sialodochoplasty	\$	30	\$	46
7983 Closure of salivary fistula	\$	30	\$	46
9220 General Anesthesia - first 30 minutes	\$	59	\$	68
9221 General Anesthesia - each additional 15 minutes	\$	20	\$	23
2380 Resin - one surface, posterior-primary	\$	59	\$	36
2388 Resin-based composite - four or more surfaces, posterior - permanent	Not Listed		\$	66
2542 Onlay - metallic - two surfaces	Not Listed		\$	50
2780 Crown - 3/4 cast high noble metal	Not Listed		\$	200
2781 Crown - 3/4 cast predominantly base metal	Not Listed		\$	200
2782 Crown - 3/4 cast noble metal	Not Listed		\$	200
2783 Crown - 3/4 cast porcelain/ceramic	Not Listed		\$	200
2953 Each additional cast post - same tooth (used w/ 2952)	Not Listed		\$	59
2957 Each additional prefabricated post - same tooth (used w/2954)	Not Listed		\$	59
6245 Pontic - porcelain/ceramic	Not Listed		\$	195
6519 Inlay/Onlay - porcelain/ceramic	Not Listed		\$	195
6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Listed		\$	96
6740 Crown - porcelain/ceramic	Not Listed		\$	200
6781 Crown - 3/4 cast predominantly base metal	Not Listed		\$	200
6782 Crown - 3/4 cast noble metal	Not Listed		\$	200
6783 Crown - 3/4 cast porcelain/ceramic	Not Listed		\$	200
6976 Each additional cast post - same tooth (used w/ 6970-1)	Not Listed		\$	59
6977 Each additional prefabricated post - same tooth (used w/ 6972)	Not Listed		\$	59
7471 Removal of exostosis - per site	Not Listed		\$	98
9241 Intravenous sedation - first 30 minutes	Not Listed		\$	60
9242 Intravenous sedation - each additional 15 minutes	Not Listed		\$	20
9248 Non - intravenous conscious sedation	Not Listed		\$	20

new procedure codes.

Note

The new schedule plan is based off of the new CDT-4 procedure code book, where the old schedule plan was built around the CDT-3 procedure code book. This has impacted the covered procedures within the contract, and is noted by the procedure that indicate "Not Listed" as the allowance. There is no loss in benefit, the deleted codes have simply been re-routed to updated codes in the CDT-4 version.

5401 W. Kennedy Blvd.
Suite 760
7th Floor
Tampa, FL 33609-2457
Phone: (813) 286-7736
Facsimile: (813) 289-8315

May 20, 2004

Debbie Keiter
Nassau County Government Employees
P.O. Box 1010
Fernandina Beach, FL 32035

www.assurant.com

Re: Dental Plan #T737

Dear Benefits Administrator,

Thank you for making Assurant Employee Benefits (formerly Fortis Benefits Insurance Company) an integral part of your overall benefits program. We hope that you have been pleased with your dental health plan. October 1, 2004 is the renewal date for your dental health plan with Assurant Employee Benefits.

As you may be aware, inflation experienced in the dental industry, utilization and other factors necessitate periodic reviews of rates. Our goal is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and a rate adjustment is necessary for the upcoming year.

Your rates effective October 1, 2004 are:

	<u>Summit</u>		<u>Freedom Schedule</u>	
	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
EE	\$11.08	\$11.08	\$17.93	\$20.62
EE+1 Dep	\$18.74	\$18.74	\$34.07	\$39.18
EE+Family	\$29.56	\$29.56	\$58.28	\$67.02

As part of our continuing effort to provide our customers with the best products and services, we will be moving all of our dental customers from the Freedom Schedule (1998) plan to the Freedom Schedule (2003) plan. For more details concerning this change please refer to the enclosed attachment.

The new Fortis Benefits' contract will be effective October 1, 2004. To continue coverage with no lapse in service, you must sign and return the enclosed Group Preliminary Application.

We appreciate the confidence you have placed in Assurant Employee Benefits and remain committed to providing the highest quality, attractive dental coverage and best customer service available. Please feel free to contact me should you have any questions.

Best Regards,

Angie McKeefery
Renewal Manager
Tampa Group Sales Office
angie.mckeefery@assurant.com
Phone: (813) 286-7736
Fax: (813) 289-8315

CC: Dental Plan Sales & Service

FRAUD STATEMENTS

Please read the following before completing the attached form.

- ☞ **If you live in the states of Arkansas and Louisiana the following statement applies to you:**
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 fines and confinement in prison.
- ☞ **If you live in the state of California, the following statement applies to you:**
For your protection California law requires the following to appear on the form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ☞ **If you live in the state of Colorado, the following statement applies to you:**
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- ☞ **If you live in the District of Columbia, the following statement applies to you:**
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ☞ **If you live in the state of Florida, the following statement applies to you:**
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ☞ **If you live in the state of Kansas, Maryland or Oregon, the following statement applies to you:**
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
- ☞ **If you live in the state of New Jersey, the following statement applies to you:**
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ☞ **If you live in the state of Virginia, the following statement applies to you:**
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.
- ☞ **If you live in a state other than mentioned above, the following statement applies to you:**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To avoid unnecessary delays, be sure all parts of the Application are completed according to the instructions, and DO NOT SEPARATE the pages.



Agenda Request For: **June 14, 2004**

Department: **Human Resources**

Background: **Renewal of Contract with Fortis Benefits for Dental Insurance coverage for Nassau County Employees. Cost of Freedom Schedule will increase due to Fortis increasing Schedule Plan Allowances, Comparison included for review. The Summit plan premiums will not change.**

Financial/Economic Impact to Future Years Budgeting Process or Effect on Citizens: **None**

Action requested and recommendation: **Human Resources requests approval for Chairman of the Board to sign Fortis Contract for upcoming year.**

Is this action consistent with the Nassau County Comprehensive Land Use Plan? **N/A**

Funding Source: **N/A**

Reviewed by:

Department Head

Legal

Finance

Chairman

Grants

Charles A. Beard
[Signature]
[Signature]

Revised 03/04

APPROVED

DATE 6-14-04 *JMB*

May 20, 2004

Debbie Keiter
Nassau County Government Employees
P.O. Box 1010
Fernandina Beach, FL 32035

5401 W. Kennedy Blvd.
Suite 760
7th Floor
Tampa, FL 33609-2457
Phone: (813) 286-7736
Facsimile: (813) 289-8315

www.assurant.com

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As part of our continuing effort to provide our customers with the best products and services, we will be moving all of our dental customers from the Freedom Schedule (1998) plan to the Freedom Schedule (2003) plan. For more details concerning this change please refer to the enclosed attachment.

The new Fortis Benefits' contract will be effective October 1, 2004. To continue coverage with no lapse in service, you must sign and return the enclosed Group Preliminary Application.

We appreciate the confidence you have placed in Assurant Employee Benefits and remain committed to providing the highest quality, attractive dental coverage and best customer service available. Please feel free to contact me should you have any questions.

Best Regards,

Angie McKeefery
Renewal Manager
Tampa Group Sales Office
angie.mckeefery@assurant.com
Phone: (813) 286-7736
Fax: (813) 289-8315

CC: Dental Plan Sales & Service

FRAUD STATEMENTS

Please read the following before completing the attached form.

- ☛ **If you live in the states of Arkansas and Louisiana the following statement applies to you:**
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 fines and confinement in prison.
- ☛ **If you live in the state of California, the following statement applies to you:**
For your protection California law requires the following to appear on the form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ☛ **If you live in the state of Colorado, the following statement applies to you:**
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- ☛ **If you live in the District of Columbia, the following statement applies to you:**
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ☛ **If you live in the state of Florida, the following statement applies to you:**
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ☛ **If you live in the state of Kansas, Maryland or Oregon, the following statement applies to you:**
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
- ☛ **If you live in the state of New Jersey, the following statement applies to you:**
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ☛ **If you live in the state of Virginia, the following statement applies to you:**
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.
- ☛ **If you live in a state other than mentioned above, the following statement applies to you:**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To avoid unnecessary delays, be sure all parts of the Application are completed according to the instructions, and DO NOT SEPARATE the pages.