

# 2010 Member Employer Information Form

## Dental Insurance Plan Participation

The New York Council of Nonprofits, Inc. (NYCON)



Agency Name:			
Street/PO Address:		Federal Employer ID Number:	
City, State, Zip:			
Contact Person:			
<i>(The contact person that will act as the liaison between all employees of your agency and NYCON)</i>			
Phone:		Fax:	
Email:			
Executive Director:			
Board President:			
Is your agency a tax-exempt 501(c) nonprofit organization?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of employee's on your payroll roster: <i>(Full-time and part-time)</i>		Number of employees eligible for dental insurance benefits according to your company personnel policies:	
Number of employees you plan to enroll in NYCON dental insurance plan:			
Does your agency currently offer dental insurance coverage to employees?		If yes, what insurance carrier(s) provide coverage:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your personnel policy impose a probationary period for benefits?		If yes, please define the probation guidelines:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Please indicate your choice of plan(s):</b> <i>Agencies may participate in both plans providing 50% of the employee enrollment is with the Delta Dental Traditional Plan (#1431).</i>			
<b>Delta Dental Traditional Plan</b> (Group Number 1431):		If yes, # of employees participating:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DeltaCare HMO Prepaid Plan</b> (Group 1721, Plan NYSA30):		If yes, # of employees participating:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Agency contribution toward insurance premiums:</b> <i>Please complete one for "individual" and one for "family" coverage.</i>			
<b>Dollar Amount</b> towards Individual Coverage:		<b>Dollar Amount</b> towards Family Coverage:	
<b>Percentage of</b> Individual Coverage:		<b>Percentage of</b> Family Coverage:	
<i>All information furnished herein is true and complete to the best of my knowledge</i>			
<b>Signature:</b>		<b>Title:</b>	
<b>Print Name:</b>		<b>Date:</b>	

**Questions?** Contact Eric Laughlin at Council Services Plus at (800) 515-5012 ext. 128 or email [elaughlin@councilservicesplus.com](mailto:elaughlin@councilservicesplus.com)  
**Return to:** Eric Laughlin, Council Services Plus, 272 Broadway, Albany NY, 12204 or fax to (509) 562-4926.