

# DOMINION NATIONAL INSURANCE COMPANY

251 18<sup>th</sup> Street S., Suite 900, Arlington, VA 22202 • (703) 518-5000

## GROUP SERVICE CONTRACT

This Agreement ("Contract") is made by and between Dominion National Insurance Company d/b/a Dominion National (hereinafter referred to as Dominion), and

(hereinafter referred to as Group). Effective Date \_\_\_\_\_ Time 12:01 A.M.

Plan # \_\_\_\_\_ PPO Plan

Monthly PPO Plan ("Plan") Premiums:

Subscriber	\$ _____
Subscriber and One Dependent	\$ _____
Subscriber and Two or More Dependents	\$ _____
Other _____	\$ _____

Term (Months) \_\_\_\_\_

Billing Fee (If Electronic Funds Transfer is Not Utilized) \_\_\_\_\_

**GENERAL PURPOSE:** Plan was established to provide a wide range of dental care services to Subscribers and their eligible Dependents.

### I. ENTIRE CONTRACT:

This Agreement, including attachments hereto, constitutes the entire Contract between the parties. No portion of the charter, bylaws or other corporate documents of Dominion will constitute part of the Contract. No change in this Contract shall be valid until approved by an executive officer of the Plan and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Contract or to waive any of its provisions.

### II. PREMIUMS (PPO PLAN):

All Premiums are payable on or before the 15<sup>th</sup> day of the month preceding the month in which services may be rendered. Premiums must be received in the administrative office of Dominion no later than the 15<sup>th</sup> day of the month before eligibility is desired. If Electronic Funds Transfer is not utilized, payments should be mailed to Dominion c/o Alliant Health Plans P.O. Box 2627, Dalton, GA 30722.

### III. GRACE PERIOD:

If payment is not made in full by the Group on or prior to the date due, as specified in Part II, a grace period of 31 days from the last date of coverage shall be granted to the Group after the first payment. The Group shall be liable to Dominion for the payment of a pro rata premium for the time that coverage is in force during the grace period. If notice of intention to terminate the Contract is received during the grace period, the Plan may collect Subscription Dues or Premiums for the period beginning the first day of the grace period until the date on which notice is received or the date of termination stated in the notice, whichever is later. The Contract shall remain in full force and effect during the grace period.

### IV. CHANGE IN SERVICE:

Plan reserves the right to change the Subscription Dues and/or Premiums or the Plan benefits after completion of the original term of this Contract. No change will be made without giving the Group sixty (60) days prior written notice.

**V. DURATION OF GROUP CONTRACT:**

In the absence of fraud or a violation of the terms of this Contract, Group coverage will renew for one year periods unless written termination notification is received from Group at least 30 days in advance of expiration of the term of this Contract.

**VI. CONFORMITY TO LAW:**

This Contract is governed by Georgia law. Any provision of this Contract which, as of its effective date, is in conflict with the laws of Georgia is amended to conform to the minimum requirements of such laws.

**VII. ARBITRATION:**

In the event of any controversy between Group, Subscriber, and Dominion, the same shall be resolved in accordance with the Plan's Complaint Procedures. In the event that the Complaint Procedures do not resolve the dispute it may, at the election of the parties, be submitted to arbitration. Said arbitration shall be conducted and governed by the laws of Georgia. The parties are not required to pursue arbitration. Regardless of the failure to pursue arbitration or the findings in any arbitration, each party may pursue at law or in equity any remedies, relief or redress otherwise available to the party.

**VIII. CERTIFICATES OF COVERAGE**

Dominion will furnish to Group, for delivery to each Group member receiving insurance coverage under the terms of this Agreement, an individual certificate containing a summary of the essential features of the insurance coverage and to whom benefits are payable. Separate certificates need not be issued for delivery to dependents or family members of a Subscriber.

**IX. NEW SUBSCRIBERS**

From time to time, new employees or members or dependents who are eligible, in accordance with the terms of the Contract, may be added to the Group originally insured.

**CERTIFICATE PROVISIONS MADE PART OF THIS CONTRACT**

The remainder of this Contract consists of provisions shown in the PPO Certificate of Coverage issued to Subscribers, including the attachments to the PPO Certificate of Coverage. Those provisions are incorporated in this Contract by reference. The PPO Certificate of Coverage and its attachments are attached hereto. Any riders and amendments adding or changing the provisions of the Certificate of Coverage, as attached, are also made part of this Contract.

**IN WITNESS THERETO**, the parties hereto have caused this Agreement to be executed as of the effective date and year first above written.

GROUP  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

DOMINION NATIONAL INSURANCE COMPANY  
Signature: \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS: PPO Group Certificate of Coverage, List of Participating Dentists, and Complaint Procedures