


### Authorization Agreement For Automatic Monthly Bank Draft

Name(s)	Social Security Number	Checking <input type="checkbox"/>	<b>IMPORTANT</b>
I (we) hereby authorize Fortis Benefits Insurance Company to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.		Savings <input type="checkbox"/>	
Bank Name	City	State	<p>If you selected the Monthly Bank Draft Payment method, enclose a voided check, your first month's prepayment fee and \$35 enrollment fee with this form and send them to us.</p>
<p><b>Include your Checking or Savings Account Number in the boxes below:</b></p>			
Account Number			
<p><b>Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.</b></p>			
<p>This authorization is to remain in full force and effective until Fortis Benefits Insurance Company has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.</p>		<p>John M. Cox 270 East University Westborough, MA 01581 800-368-3333</p> <p>Pay to the order of            DOLLARS</p> <p>CP CENTRAL NATIONAL BANK          WESTBOROUGH, MA          401-352-2800 280-414-3A 3780</p>	
Signature	Date		

BDC-IAPP-FL

### Sample Copayments for the Secure Choice Individual Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay copayments for dental services. The sample below demonstrates potential copayments for the Secure Choice Plan and may not reflect your actual results.

DENTAL TREATMENT	With the Secure Choice Plan	Average Retail Charges*
<b>APPOINTMENTS</b>	No Charge	\$31
Periodic Oral Evaluation	No Charge	\$56
Comprehensive Oral Evaluation	\$5	\$85
<b>DIAGNOSTIC DENTISTRY</b>		
Complete X-Ray Series, including bitewings	\$5	\$64
<b>PROPHYLAXIS</b>		
Routine Cleaning - Adult (once every 6 mos.) - Child (once every 6 mos.)	\$5	\$44
<b>ORTHODONTICS</b>		
Application of Fluoride	No Charge	\$20
Application of Sealant, Per Tooth	No Charge	\$30
<b>FILLINGS/CROWNS</b>	\$30**	\$249
Silver Fillings	\$20	\$85
One Surface	\$50	\$133
Two Surfaces	\$50	\$133
White Fillings - Anterior	\$45	\$104
Two Surfaces, Anterior	\$55	\$126
One Surface, Anterior	\$40	\$104
Two Surfaces, Posterior	\$60	\$143
One Surface, Posterior	\$40	\$107
Crown - Porcelain to High (cost of Noble Metal inlay/premolars metal is additional)	\$280**	\$756
Core build-up	\$85	\$169
<b>ROOT CANALS</b>		
Root Canal	\$155	\$532
Biocrown	\$225	\$672
Molar	\$275	\$791
<b>PERIODONTICS</b>		
Scaling and Root Planning	\$35	\$170
Full Mouth Debridement	\$85	\$95
Periodontal Debridement (complicated debridement)		

\*\*Members are responsible for additional lab fees for these services. The above sample copayments are for the year 2003 for the state of Florida. The Retail Charges represent a mean average nationwide.

### Secure Choice Individual Prepaid Dental Plan from Assurant Employee Benefits

For further information please contact: 888-882-8233

DENTAL TREATMENT	With the Secure Choice Plan	Average Retail Charges*
<b>DENTURES</b>	\$325**	\$884
Complete Denture - Upper	\$310**	\$814
Complete Denture - Lower	\$310**	\$814
Partial Denture - Lower	\$300**	\$541
<b>ORAL SURGERY</b>		
Single Tooth Extraction	\$30	\$88
Partial Bone Graft	\$75	\$228
Soft Tissue Graft	\$100	\$315
Complete Bone, with Complications	\$170	\$346

Orthodontic treatment for children and adults is provided at a 25% reduction from the Plan Specialist's normal retail charges.

The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who do not perform the procedure. You should discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Plan Dentist are not covered under the Secure Choice Plan.

Should you require dental services that your selected Plan Dentist is unable to provide, you may obtain those services from a Plan Specialist. There is no applicable copayment for services from a Plan Specialist. There is no applicable copayment for the following reductions off the Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. All charges apply if the Plan Specialist is limited to an orthodontist. You are responsible for paying the full amount of the Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Dentist or Non-Plan Specialist is your responsibility, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief. Availability and participation of Plan Dentists and Plan Specialists are subject to change.



For further information please contact: 888-882-8233  
**Fortis Benefits Insurance Company**  
 780 Johnson Ferry Road, NE, Suite 450  
 Atlanta, GA 30342  
 www.assurantemployeebenefits.com

\*Benefits administered by Fortis Benefits Insurance Company and provided by A Prepaid Limited Health Service Organization licensed under Chapter 63 of the Florida Statutes.

(Contract Form No. BDC-IDSA-FU)

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