

# *The ONE Individual Dental Plan*

## *Employer Payroll Deduction Agreement*

### **Firm Information**

Legal Name of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( \_\_ ) \_\_\_\_\_  
Fax: ( \_\_ ) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Contact Name & Title \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_

### **Business Information**

Business is:      \_\_\_ Sole Proprietor      \_\_\_ Partnership  
                         \_\_\_ L.L.C.                           \_\_\_ Corporation  
Nature of Business: \_\_\_\_\_  
Total Number of Employees: \_\_\_\_\_

### **Employer Payroll Deduction Agreement**

**Premiums are payable on or before the day they are due according to the billing method chosen. The undersigned employer understands and agrees to remit payroll deductions to the insurer from the coverage effective date for the length of the contract**

**Employer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_**

Underwritten by: Fidelity Security Life Insurance Company  
3130 Broadway  
Kansas City, Missouri 64111-3406

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