



**Washington Individual Dental Rates**  
**Effective: October 1, 2019 through December 31, 2019**

All members must be enrolled for the same coverage and premium payment schedule.

<b><u>INCENTIVE 10 DENTAL</u></b>	<b><u>DOLLAR-BASED DENTAL</u></b>	<b><u>EXCLUSIVE PROVIDER ORGANIZATION 16 DENTAL</u></b>																								
<b>MONTHLY PREMIUM PER MEMBER</b>	<b>MONTHLY PREMIUM PER MEMBER</b>	<b>MONTHLY PREMIUM PER POLICY</b>																								
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**HOW TO APPLY**

- Choose the dental insurance plan that best meets your needs.
- Complete the application in full. Missing information may cause your Effective Date to be delayed. If you have more than four dependents, please attach a separate list.
- Calculate the premium. Be sure to select a monthly or quarterly payment schedule. Include the applicable payment for the first month or quarter of coverage, according to the payment schedule you have selected.
- You may enroll for Child Only coverage. If you are enrolling children only, a separate application must be completed and submitted for each child.
- Send the application and your check or money order made payable to LifeMap Assurance Company to:

LifeMap Assurance Company  
 PO Box 1271, M/S E8L  
 Portland, OR 97207-1271

- Keep this brochure for your records.
- Questions? Call **800-756-4105** or go online to **www.LifeMapCo.com**

**REFUNDS**

If you are not satisfied with this Policy, you may return the policy within 10 days of delivery for a full refund of premium. An additional ten percent penalty will be added to any premium refund due that is not paid within 30 days of return of the Policy to the insurer or insurance producer.

**Please read your policy carefully and keep it available for future reference.**