

INSTRUCTIONS FOR COMPLETION OF MAGNUM DENTAL ENROLLMENT FORM

As an employee with *Howard Leasing*, you are able to enroll in the voluntary Magnum Dental Plan. You have a choice of either the PPO Plan or the Indemnity Plan. Electing the PPO Plan affords greater benefits by utilizing the dental providers in the network, which may be viewed at www.premier-dental.com and then select Find a Dentist, then select the DHA Premier network. Should you elect the Indemnity Plan, you may choose any dentist, however you may need to pay for the procedure and then file a claim for reimbursement.

Current employees have the opportunity to enroll during November & December 2007, for a January 1, 2008 effective date. Should you elect not to enroll during this time, the next available enrollment will be during November 2008 for a January 2009 effective date. Employees hired after January 2008 may enroll for a 1st of the month effective date after a 30 day waiting period.

You will need to complete the enrollment form either electing or waiving coverage and return it to *Howard Leasing*.

If electing coverage, complete the following:

Elect either PPO or Indemnity

Employee Information

Family Information (If enrolling family members)

Complete the COVERAGE SELECTION section and the "I apply for coverage on" section

Signature & Date

Return completed Enrollment Form to *Howard Leasing*

Should you decide to waive enrollment at this time you need to complete:

Last Name, First Name

Check the "I Do Not Want" box in COVERAGE SELECTION

Employee Signature and Date

Payroll deductions will begin in December and if necessary makeup of missed deductions will also be taken.

Any questions about the Plan or Completion of the Enrollment Form please call the Benefits Department at 941-761-7704. You may also fax completed form to 941-761-7706.

**The Magnum PPO 2000/Magnum Indemnity Dual Option Plan
For the Employees Of
Howard Leasing, Inc.
Effective: January 1, 2008**

Underwritten By: Pan American Life

-CHOOSE EITHER PLAN- BENEFIT STRUCTURE	Magnum PPO 2000 www.premier-dental.com			Magnum Indemnity Choose Any Dentist		
	1st Year*	2nd Year	Thereafter	1st Year*	2nd Year	Thereafter
\$10 Office visit co-pay applies to all services (PPO 2000 Only)						
Type I - Preventive/Diagnostic <ul style="list-style-type: none"> ▪ Two exams per year ▪ Two cleanings per year ▪ One topical fluoride per year to age 16 ▪ One series of bitewing x-rays per year \$100 Lifetime Deductible on Preventive & Diagnostic Services (applies to Magnum Indemnity only)	100%	100%	100%	100%	100%	100%
Type II - Restorative <ul style="list-style-type: none"> ▪ Basic Fillings ▪ Space Maintainers ▪ Sealants (children to age 16) ▪ \$100 Lifetime Deductible 	80%	80%	80%	80%	80%	80%
Type III - Major Restorative <ul style="list-style-type: none"> ▪ Simple Extractions ▪ Oral Surgery ▪ Endodontic Treatment ▪ Periodontic Services ▪ Crowns, Inlays and Onlays ▪ Prosthetic Services; bridges and dentures ▪ One diagnostic x-ray, full or panoramic in any 3 year period ▪ Implants (endosteal only), up to the allowance for the lowest cost covered traditional procedure ▪ \$100 Lifetime Deductible 	10%	50%	50%	10%	50%	50%
Annual Maximum (Calendar Year) Per person, applies to all services	\$2,000	\$2,000	\$2,000	\$1,000	\$1,250	\$1,500
Type IV – Adult & Child Orthodontia Deductible does not apply	10%	25%	50%	10%	25%	50%
Lifetime Maximum	\$1,200 LT	\$1,200 LT	\$1,200 LT	\$1,200 LT	\$1,200 LT	\$1,200 LT

** Each employee covered under the group's prior, comparable plan for 12 months or more will have second year benefits upon initial enrollment, with the exception of the annual maximum with Magnum Indemnity. New hires and those without 12 months of coverage under the prior group plan will begin with first year benefit upon initial enrollment.*

*All benefits and provisions are subject to the terms of the policy issued and any state requirements.
If the provisions of the policy and those listed in this proposal/flyer do not agree, the policy provisions will rule.*

Monthly Rates
Employee Only
Employee & One Dependent
Employee & Family

Magnum PPO 2000 Monthly Rates
\$29.11
\$55.71
\$93.53

Magnum Indemnity Monthly Rates
\$29.11
\$55.71
\$93.53

PAN-AMERICA LIFE INSURANCE COMPANY
New Orleans, Louisiana

PPO Indemnity

Magnum Dental Employee Enrollment Form

Employer Information (TO BE COMPLETED BY THE EMPLOYER)

Name and Address of Employer or Organization (if applicable) Howard Leasing, Inc. 6302 Manatee Ave. W., Suite K Bradenton, FL 34209	Full-Time Hire Date
	Telephone

Employee Information (PLEASE PRINT CLEARLY)

Last Name	First Name	Initial	Birth Date / /	Marital Status
Address	Telephone Number	Sex M [] F []		Married [] Single []
City	State	Zip		

FAMILY INFORMATION (List only those eligible family members who are enrolling)

Last Name (If Different)	First Name	Initial	Sex M/F	Age	Birth Date M/D/Y
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

COVERAGE SELECTION:* [Dental] Coverage I Do Not Want [Dental] Coverage and Waive My Right To It

I apply for coverage on: Employee Only Employee + One Employee and Family

- Does Spouse have a dental Plan: Yes No With Whom? _____
If answer is "Yes", are dependents enrolled under spouses plan? Yes No
- Do you claim a tax exemption for all eligible dependents listed above? Yes No
If no, who is not? _____
- All dependent children listed above over age 18 are full-time students. Yes No

*Group [Dental] Coverage is provided under the Group Dental Insurance Policy DEN-06-P issued to the Group Policyholder insured by Pan-American Life Insurance Company. [If applicable, your Employer may have selected [Orthodontia, Endo/Perio, and Annual Deductible options]. You cannot receive these benefit options unless your Employer has selected them, even if you checked these options above.]

By my signature below, I hereby apply for the coverage or coverages selected above. If I am waiving coverage, I have checked the box "I Do Not Want [Dental] Coverage and Waive My Right To It." I CERTIFY THAT I HAVE READ THE APPLICABLE FRAUD NOTICE ON THE REVERSE SIDE. I also hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing. I understand that this application shall not be altered in any way unless I have given written consent.

California Law prohibits an HIV Test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Employee Signature _____ Date _____

FOR COMPANY USE ONLY

Effective Date: ___/___/___ Plan Code: _____

Group #/ Division _____ CPT: _____

Mail To:
Howard Leasing, Inc.
6302 Manatee Ave W.
Suite K
Bradenton, FL 34209

Administered by:
Meritian Health
400 Highway 169 South
Suite 800
Minneapolis, MN 55426

IMPORTANT FRAUD NOTICES

FRAUD STATEMENT

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

FRAUD STATEMENT APPLICABLE TO APPLICATIONS TAKEN IN THE STATE OF NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF NEW MEXICO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF OREGON AND TEXAS

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF VIRGINIA

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.