



November 8, 2011

To:
Sample Company
Address
City, State Zip

Re: Simple Dental Renewal

Based on the employer's claims experience for the current year, here are our recommended changes in the claim factors and our administrative and broker compensation fees for the renewal for 1/1/2012.

Premium Dental

Coverage Level	<u>Current Plan Year</u>			<u>Renewal Plan Year</u>		
	Admin*	Claim	Total	Admin*	Claim	Total
Employee Only	\$x	\$x	\$x	\$x	\$x	\$x
Employee + One	\$x	\$x	\$x	\$x	\$x	\$x
Employee + Spouse	\$x	\$x	\$x	\$x	\$x	\$x
Employee + Children	\$x	\$x	\$x	\$x	\$x	\$x
Employee + Family	\$x	\$x	\$x	\$x	\$x	\$x

*Note: The admin fee includes broker compensation, if any.

Changes in the plan design can be made as well. This includes:

- Changing the annual maximum
- Changing the co-insurance
- Adding orthodontics
- Adding a PPO network

Please review the information and contact us with any questions or on your interest in changes at renewal time.

Please sign and return the renewal acceptance page to confirm your understanding of the renewal.

We appreciate your business!

Sincerely,

A handwritten signature in black ink, appearing to read "Roger S. Schultz". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Roger S Schultz, CLU
VP Sales & Marketing
roger.schultz@simple.us
Direct: 404.401.3040

Simple Dental Plan Renewal Acceptance from:
Sample Company

Renewal Date: 1/1/2012



We acknowledge and accept the following:

Renewal based on the existing plan design with the recommended changes in admin fees and claim costs.

Accepted by the Employer (or the Broker on behalf of the Employer):

Date: ____/____/____

Signature: _____

Name: _____

Company: _____

Please return executed copy to Kimberly Schultz:

By email ✉ kimberly.schultz@simple.us, or by fax 📠 866-552-8536