



TOTALLY THERE FOR YOU

GROUP PEDIATRIC DENTAL COVERAGE ATTESTATION

The Total Health Care *USA* benefit plan that your Group wishes to offer does not incorporate pediatric dental coverage. Federal and state law mandates that it is the obligation of the group to purchase pediatric dental coverage offered by an Exchange-certified dental plan. If necessary, Total Health Care *USA* can assist you in acquiring dental coverage offered by an Exchange-certified standalone dental plan.

Total Health Care *USA* is required to obtain reasonable assurances from you that you have obtained the required pediatric dental coverage. Therefore, please attest to the following:

- I understand that I am only eligible to purchase this group health benefit plan if I also purchase pediatric dental coverage offered by an Exchange-certified standalone dental plan.
- I certify that I have purchased pediatric dental coverage offered by an Exchange-certified standalone dental plan.
- I will inform Total Health Care *USA* **immediately** if my pediatric dental coverage is discontinued for any reason.
- I understand that if I am not truthful in this attestation, the group health benefit plan may be rescinded due to fraud or intentional misrepresentation of material fact.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Group Name: _____