## Pediatric Dental Attestation Form



You have selected a plan which does <u>not</u> include pediatric dental coverage, which is required coverage under the Patient Protection and Affordable Care Act. Therefore please read the attestation below, provide the information regarding your Exchange-certified dental plan, and return this form with your enrollment package.

Your health plan coverage provided by Harvard Pilgrim or its affiliates (the "Health Plan") DOES NOT include coverage for pediatric dental services, as required by the Patient Protection and Affordable Care Act. By signing below, you are attesting that each person covered under the Health Plan, now or in the future, also has coverage under the separate employer group dental plan listed in this document (the "Dental Plan") for the term of the Health Plan. The Dental Plan is an appropriate Exchange-certified stand-alone dental plan. Upon request, you agree to provide Harvard Pilgrim with documentation necessary to verify that each person covered under the Health Plan is also covered by the Dental Plan. If you are not able to provide such documentation or if Harvard Pilgrim determines that any person covered under the Health Plan is not also covered by an appropriate Exchange-certified stand-alone dental plan, you agree that Harvard Pilgrim may, without further consent from the employer group, charge the employer group appropriate premium for coverage of pediatric dental services.

Employer/Plan Sponsor:	 
Name of Dental Carrier:	
Name of Exchange	
Certified Dental Plan:	

I declare that to the best of my knowledge and belief that the information included in this document is true. I attest that I am authorized to submit this documentation on behalf of the plan sponsor/employer.

First Name

Middle Initial

Last Name

Title

Signature