

PEDIATRIC DENTAL ATTESTATION FORM



PURPOSE

In order for Tufts Health Plan to support your request to not include the pediatric dental benefit on your plan, in accordance with federal law we will need the following confirmation from you. This statement should be completed and then signed by an officer of your company. This is being requested to confirm that all members covered under your Tufts Health Plan plan have an Exchange Certified pediatric dental plan outside of Tufts Health Plan that covers each member for the dates for which the Tufts Health Plan plan is effective. Final sale is dependent upon receipt of this signed attestation. Exchange Certified dental plans, referred to as Qualified Dental Plans (QDPs) are listed on the Division of Insurance website.

Please note: This attestation is deemed part of the employer group/administrative services agreement (as applicable) between Tufts Health Plan and Plan Sponsor. Please attach additional pages for your membership as needed.

| # | Census | Member's Pediatric Qualified Dental Plan (QDP) Provider | | Effective Date of Coverage | |
|----|-------------|---|-----------|----------------------------|----|
| | Member Name | Dental Carrier Name | Plan Name | From | To |
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PLAN SPONSOR ATTESTATION

The undersigned, as duly-authorized representative for _____ ("Plan Sponsor"), hereby attests to Tufts Health Plan that each member covered under the Tufts Health Plan plan has obtained separate pediatric dental coverage from an Exchange Certified dental plan that covers the member for the dates for which the Tufts Health Plan plan is effective.

Certified by: _____ Date: _____
Signature