



GROUP PEDIATRIC DENTAL COVERAGE ATTESTATION

The Paramount Insurance Company group health benefit plan that your Group wishes to purchase does not incorporate pediatric dental coverage. Federal and state law mandate that Groups are only eligible to purchase this group health benefit plan if you additionally purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan. If necessary, Paramount Insurance Company can assist you in acquiring group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Because Groups are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage from an Exchange-certified standalone dental plan, Paramount Insurance Company is required to obtain reasonable assurances from you that you have obtained pediatric dental coverage before Paramount Insurance Company is permitted to sell your group this health benefit plan. Therefore, please attest to the following:

- I understand that I am only eligible to purchase this Paramount Insurance Company group health benefit plan if I also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.
- I certify that I have purchased group pediatric dental coverage offered by an Exchange-certified standalone dental plan.
- I will inform Paramount Insurance Company **immediately** if this group pediatric dental coverage is discontinued for any reason.
- I understand that if I am not truthful in this attestation, the Paramount Insurance Company group health benefit plan may be rescinded by Paramount Insurance Company due to fraud or intentional misrepresentation of material fact, and that the group may be required to reimburse Paramount Insurance Company for any medical expenses that Paramount paid on its behalf.

Signature: _____

Date: _____

Printed Name: _____

Group Name: _____

Group Number: _____