



**NEW AGENT/BROKER
INFORMATION AND
RECRUITMENT PACKET**



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Serving America's Individuals • Families • Businesses • Civic Groups since 1992



Savon Dental Plan[®]

America's Dental PlanSM

Thank you for your interest in Savon Dental Plan[®]. Savon Dental Plan[®] is unlike any other dental plan that you may have experience with. Savon gives you the opportunity to offer your clients a great dental plan with low membership fees.

Savon Dental Plan[®] is not the least expensive dental plan on the market and the fees that the member pays the dentist are slightly higher than other plans. Though this may make our plan look less desirable than the other plans, once your client joins Savon, the benefits of great dentist retention, fast appointment availability and quality, professional, caring treatment will far outweigh the difference in cost.

Since Savon is not an insurance plan, you don't need to have an insurance license to sell the plan. If you are an insurance agent, Savon can be a door opener for your other insurance products or a quality add on for an existing health or life client.

Savon offers instant commissions to the agent and broker. When you sign a client up for Savon, the client makes the check out to your company. You submit the application along with the proper activation fee to us. We handle everything else for the client and you have your commission right away. When the time comes for your client to renew their plan, we do the renewal billing and send you a residual commission check on the 15th of every month.

If you are not averse to downloading PDF files, printing your own manual and brochures, becoming an agent for Savon costs you nothing. Simply fill out and sign the agreement and return it to us either by fax at 602.589.0417, scan and email it to AgentServices@SavonDentalPlan.com or mail it to PO Box 54277, Phoenix, AZ 85078-4277.

If you would like us to do the printing, for a \$30.00 service fee we will:

- Print and bind the presentation manual along with the full color rural and urban schedule of benefits for your state*
- Print and fold 25 full color 8½ x 11 tri-fold brochures*
- Print and 25 black and white condensed fee schedules*
- Provide 25 Savon Dental Plan pens*
- Mail the entire package to you*

As an agent, you will receive a 25% commission on your first 10 sales. With your 11th sale your commission automatically moves to 40% and stays there until your 20th sale. Your residual commission for the first 20 sales is 10% in perpetuity. With your 21st sale you will have reached Broker status. From that point on, your initial commission will be 50% and your residual commission will be 25% for all sales made as a broker. Your sales are cumulative so you are under no time constraints as you move up the ladder to broker status.

For an investment of \$100.00 you can bypass the agent position and commissions and start out as a broker. You will receive the printed material mentioned above and you will start out with the brokers commission. You can sign up agents to work under you. Your agents process their sales through you, you pay us the activation fee, then pay your agents whatever commission you have agreed to with them. Your agents are bound to you and cannot deal directly with Savon without your permission.

Please take a few minutes and look over the rest of the information. Feel free to contact us if you have any questions. Our number is 800.809.3494 and our office hours are 9 am to 4 pm Monday – Thursday and 9 am to 12pm Friday. All times are MST. You may also email us at AgentServices@SavonDentalPlan.com.

Thank you again for your interest. Keep smiling and happy selling.



There's a good reason why Savon is the preferred plan of most dentists!

Now you have the chance to add Savon to your sales tool kit!

Look at what Savon has to offer you

The best dental plan available

Instant Commissions

Top Commissions (up to 50%)

Best Residuals (up to 25%)

Highest Member Retention Rate In The Industry

Vested For Residual (after 60 consecutive months)

No Fee To Become An Agent

Free Sales Material To Download And Print

Unsurpassed Customer Service And Sales Support



Savon Dental Plan[®]

America's Dental PlanSM

Look at what Savon has to offer your clients

Let's Compare

	Savon vs. Insurance	
No Waiting Periods	✓	X
No Deductibles To Pay	✓	X
No Claim Forms To File	✓	X
No Limits To Visits	✓	X
No Age Limits	✓	X
No Prior Authorization Requirements	✓	X
No Exclusions on Pre-Existing Conditions	✓	X
No Maximum Limits on Services Per Year	✓	X
No Exclusions on Treatment or Services	✓	X

** SAMPLE FEE COMPARISON **

	<u>Usual</u>	<u>Savon</u>
Initial Office Visit	\$ 70.00	No Charge
X-rays (f-m bitewing)	\$ 106.00	\$ 53.00
Adult Cleaning, Scaling & Polishing	\$ 92.00	\$ 46.00
Crown - Porcelain to metal	\$ 876.00	\$438.00
Simple Extraction	\$ 248.00	\$124.00
Complete Denture	\$1,204.00	\$602.00

They Save 50%

This is a sample comparison based on the fees in zone 1. Actual fees will vary from zone to zone however the savings percentage will remain the same.



Which is best for your client? Savon or Alpha Bronze Indemnity Plan

Annual Plan Cost:	Savon	Bronze Indemnity
Single	\$ 99.00	\$ 335.64
Double	\$139.00	\$ 671.40
Family	\$179.00	\$1,074.24

Procedure Explanation	Usual Fee	You Pay With Savon	You Pay With Alpha	Alpha Waiting Periods
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	\$21.00 \$14.00 \$ 7.00	During year 1 - 2 per year During year 2 - 2 per year After 2 year - 2 per year
X-Rays - Full Mouth	\$ 110.00	\$ 55.00	\$77.00 \$55.00 \$33.00	During year 1 During year 2 After 2 years
Cleaning - Adult	\$ 96.00	\$ 48.00	\$29.00 \$19.00 \$10.00	During year 1 - 3 per year During year 2 - 3 per year After 2 years - 3 per year
Filling - White 1 Surface	\$ 162.00	\$ 81.00	\$130.00 \$105.00 \$ 81.00	During year 1 During year 2 After 2 years
Crown - Porcelain/High Noble	\$1,064.00	\$532.00	\$851.00 \$692.00 \$532.00	During year 1 During year 2 After 2 years
Root Canal - Anterior	\$ 662.00	\$331.00	\$530.00 \$430.00 \$331.00	During year 1 During year 2 After 2 years
Simple Extraction	\$ 164.00	\$ 82.00	\$115.00 \$ 82.00 \$ 49.00	During year 1 During year 2 After 2 years
Surgical Extraction	\$ 256.00	\$128.00	\$205.00 \$166.00 \$128.00	During year 1 During year 2 After 2 years
Braces - Child	\$6,364.00	\$3,182.00	\$6,364.00	Not covered under this plan
Teeth Whitening	\$ 448.00	\$ 224.00	\$448.00	Not covered under this plan

Prices shown are accurate as of September 2016



Which is best for your client? Savon or Delta Dental Enhanced Plan

Annual Plan Cost:	Savon	Delta Enhanced Plan
Single	\$ 99.00	\$ 569.28
Double	\$139.00	\$1,120.08
Family	\$179.00	\$1,774.44 (Delta primary + 2)

Procedure Explanation	Usual Fee	You Pay With Savon	You Pay With Delta	Delta Waiting Periods
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	No Charge	2 per year
X-Rays - Full Mouth	\$ 110.00	\$ 55.00	No Charge \$ 110.00	1 time every 5 years If more than 1 time in 5 yrs.
Cleaning - Adult	\$ 96.00	\$ 48.00	No Charge	2 per year
Filling - White 1 Surface	\$ 162.00	\$ 81.00	\$ 81.00	
Crown - Porcelain/High Noble	\$1,064.00	\$ 532.00	\$1,064.00 \$ 532.00	During year 12 mo. wait After 12 mo. wait
Root Canal - Anterior	\$ 662.00	\$ 331.00	\$ 662.00 \$ 331.00	During year 12 mo. wait After 12 mo. wait
Complete Denture	\$1,242.00	\$ 621.00	\$1,242.00 \$ 621.00	During year 12 mo. wait After 12 mo. wait
Simple Extraction	\$ 164.00	\$ 82.00	\$ 164.00 \$ 82.00	During year 12 mo. wait After 12 mo. wait
Surgical Extraction	\$ 256.00	\$ 128.00	\$256.00	Not covered under this plan
Braces - Child	\$6,364.00	\$3,182.00	\$6,364.00	Not covered under this plan
Teeth Whitening	\$ 448.00	\$ 224.00	\$448.00	Not covered under this plan

Prices shown are accurate as of September 2016



**We have protected our members since 1992
with 4 unique guarantees**

Guaranteed Fee Schedule

*If a **Network Preferred Provider** charged you more than the listed fee for any procedure (excluding lab fee and metal charges) and we are unable to get the facility to refund or credit your account for the overcharge, **Savon will pay you the difference between what you actually paid and the listed fee for your zone.***

Membership Rate Guarantee

*1 Year Plan: Membership rates are guaranteed not to change for 2 years.
2 Year Plan: Membership rates are guaranteed not to change for 4 years.
This price guarantee is valid on g as you renew your plan and do not let your membership lapse.*

Guaranteed Lowest "Facility" fee

In the rare event that a Network Preferred Provider's Usual and Customary Fee is lower than the fee listed on the Schedule of Fees and Benefits, for that state, our Network Preferred Provider will charge you the lower of the two prices.

30 Day Money-Back Guarantee

All applications carry a conditional 30 day money back guarantee from the day the application is submitted. If you visit a Network Preferred Provider and find that you do not realize the savings that we promise according to the Fee Schedule for your State and Savon Dental Plan® cannot rectify the error, Savon Dental Plan® will refund your membership fee.



TYPES OF PROVIDERS

NETWORK PREFERRED PROVIDERS:

A network preferred provider is a Savon contracted dentist that abides by a set fee schedule for their State. Both you and your provider have copies of the same fee schedule and it lists exactly what you should pay for each procedure. Any procedure that is not listed on the fee schedule, will be discounted by 50% from the provider's own usual fees. (lab fees and metal charges excluded).

NETWORK PARTICIPATING PROVIDERS:

A network participating provider is a Savon contracted dentist that abides by our Flex Fee Schedule®. These providers give a percentage discount based on our schedule. With a network participating provider you will receive a 20% to 50% off of the dentist's usual fees depending on the procedure(s) that you are having done.

Since every dentist has a different fee schedule, the amount of your savings will vary from dentist to dentist and from state to state.

OUT OF NETWORK PROVIDERS:

An Out of network provider is a dental provider who doesn't participate in any of Savon's money-saving plans. If you elect to go to an out of network provider, you will receive no fee adjustments. You will pay the usual and customary dental fees charged by that dentist.



Savon Dental Plan[®]

America's Dental PlanSM

ANNUAL MEMBERSHIP FEES

Savon Dental Plan[®] Basic Plan

Requires Network Preferred Providers

For Individuals & Families

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single-----	\$ 99.00 per yr.	\$ 20.00	\$ 119.00
Double-----	\$ 139.00 per yr.	\$ 20.00	\$ 159.00
Family-----	\$ 179.00 per yr.	\$ 20.00	\$ 199.00

Prices Totals Includes a one time \$20.00 Processing Fee

Savon Dental Plan[®] Senior Plan

All The Benefits Of The Basic Plan

At A Reduced Fee For Members 65 Years And Older

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single-----	\$ 59.00 per yr.	\$ 25.00	\$ 84.00
Double-----	\$ 84.00 per yr.	\$ 25.00	\$ 109.00

Senior Plan for 2 Years

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single-----	\$ 89.00 per 2yr.	\$ 25.00	\$ 114.00
Double-----	\$ 126.00 per 2yr	\$ 25.00	\$ 151.00

Prices Totals Includes a one time \$25.00 Processing Fee



Savon Dental Plan[®]

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Agent and Broker Information Fact Sheet

Initial Agent Fee - NONE

Initial Broker Fee \$ 100.00

Requirements for Agents and Brokers

1. Plan may be sold on an annual basis, Cash, Check (made out to your company), Mastercard or Visa (you or Savon can process the credit card, your choice. If Savon processes the credit card initial commission will be paid with residual pay cycle explained below).
2. You keep your commission and pay Savon an activation fee in accordance with diagram 1.
3. All applications accompanied by the required fees must be submitted to Savon within Seven (7) days of the sale.
4. Company material may be reproduced for use in marketing the plan except as noted.
5. Since this is a Dental C.M.O and not insurance, no insurance license is required to market this plan.

Activation Fees Commission and Payments

1. Activation fee for AGENT WITH LESS THAN 10 SALES is 75% of cost of plan PLUS processing fee.
2. Activation fee for AGENT WITH 11 to 20 SALES is 60% of cost of plan PLUS processing fee.
3. Agent AUTOMATICALLY becomes a BROKER on agents' 21st sale.
4. Activation fee for BROKER is 50% of cost of plan PLUS processing fee.
5. Residual commission is 25% for Brokers and 10% for Agents.
6. Residual payment will continue to be paid by Savon as long as the Broker or Agent remains Active.
7. 5 sales per calendar year for an Agent to remain active.
8. 10 sales per calendar year for a Broker to remain active.
9. All residual checks will be issued on the 15th of the month for payment received by the last business day of the prior month.
10. Brokers are considered vested for residual commission payments after 60 consecutive months as an active Broker. Agents may not become vested.

Plan Type	Cost	Set-up	Total You Collect from Client	Agent Activation Fee < 11 Sales @75%	Your Agent Commission < 11 Sales	Agent Activation Fee > 10 Sales @60%	Your Agent Commission > 10 Sales	Broker Activation Fee @50%	Your Broker Commission
Basic Plan Schedule									
Single	\$99.00	\$20.00	\$119.00	\$94.25	\$24.75	\$79.40	\$39.60	\$69.50	\$49.50
Double	\$139.00	\$20.00	\$159.00	\$124.25	\$34.75	\$103.40	\$55.60	\$89.50	\$69.50
Family	\$179.00	\$20.00	\$199.00	\$154.25	\$44.75	\$127.40	\$71.60	\$109.50	\$89.50
Senior Plan Schedule (Age 65+)									
Single	\$59.00	\$25.00	\$84.00	\$69.25	\$14.75	\$69.25	\$14.75	\$69.25	\$14.75
Double	\$84.00	\$25.00	\$109.00	\$88.00	\$21.00	\$88.00	\$21.00	\$88.00	\$21.00
Veteran's Plan Schedule									
Single	\$89.00	\$0.00	\$89.00	\$66.75	\$22.25	\$53.40	\$35.60	\$44.50	\$44.50
Double	\$129.00	\$0.00	\$129.00	\$96.75	\$32.25	\$77.40	\$51.60	\$64.50	\$64.50
Family	\$169.00	\$0.00	\$169.00	\$126.75	\$42.25	\$101.40	\$67.60	\$84.50	\$84.50
Basic Plan 2 Yr Schedule									
Single	\$139.00	\$20.00	\$159.00	\$124.25	\$34.75	\$103.40	\$55.60	\$89.50	\$69.50
Double	\$199.00	\$20.00	\$219.00	\$169.25	\$49.75	\$139.40	\$79.60	\$119.50	\$99.50
Family	\$259.00	\$20.00	\$279.00	\$214.25	\$64.75	\$175.40	\$103.60	\$149.50	\$129.50

Yellow colored box is what you collect from the client. White colored boxes in between are your activations fees that you send to Savon with the application. The Green (agent with less than 10 sales), Blue (agent with 11 to 20 sales) and Magenta (broker) boxes are your initial commission.



Business and Group Plans

Savon Dental Plan has a plan to fit any size business from the sole proprietor to large corporations. We are a voluntary participation plan so each employee has the option to participate or to opt out.

The chart below shows a breakdown of the membership fee for each tier. Each tier is based on the number of employees that voluntarily participate in the plan. All fees shown are annual fees for the employee and the employee's dependents. The business is billed by Savon Dental Plan for the annual renewal.

As a business member of Savon Dental Plan you will receive a significant savings off of our already low membership rates. as well as quality dental care, a fixed schedule of benefits and a large choice of dental providers.

Business Plan Pricing

Tier	# Of Employees	Single Plan Emp	Double Plan Emp + 1	Family Plan Emp + >1
1	1-4	\$70.00	\$80.00	\$90.00
2	5-9	\$60.00	\$70.00	\$80.00
3	10-49	\$40.00	\$50.00	\$60.00
4	50-99	\$30.00	\$35.00	\$40.00
5	100 +	\$20.00	\$20.00	\$20.00

Business Plan Commission

AGENT with <10 Sales	AGENT with >10 Sales <21 Sales	BROKER with >21 Sales
25% Total Sale	40% Total Sale	50% Total Sale

Business Plan Guidelines

1. Each tier is based on the number of employees that voluntarily participate in the plan, not the number of active employees that the company has.
2. The business (not the individual) is billed by Savon Dental Plan for the annual renewal.
3. If an employee's status with the company is terminated prior to the renew date and the employer terminates their coverage, that employee has the option to convert their coverage to a basic plan.
4. A business can add on an employee at anytime by paying the yearly fee for that employee. Please note that this is not a prorated rate and that employee will be required to pay the yearly fee in full again when the business renews.
5. Each business plan sold counts as one (1) sale.



Savon Dental Plan[®]

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SAVON DENTAL PLAN

Schedule of Fees And Benefits For Urban Areas of Zone # 1

DIAGNOSTIC		Your Fee
0110	Bio-Hazard Disposal Fee.....	\$6.00
0120	Periodic Oral Evaluation (Recall Exams Only).....	15.00
0140	Limited Oral Exam (Emerg. Exam - Problem Focused) (During Regular Office Hours).....	34.00
0150	Comprehensive Oral Evaluation (new or established patient).....	N/C
0180	Comprehensive Perio Evaluation (Includes perio probing and charting).....	45.00

RADIOGRAPHS		Your Fee
0210	X-Rays - Complete Series (If not panoramic equipped).....	55.00
0220	Intraoral periapical - single, first film.....	6.00
0230	Intraoral periapical - each additional film.....	4.00
0240	Intraoral - occlusal film.....	4.00
0272	Bitewings - two films.....	6.00
0274	Bitewings - four films.....	8.00
0330	Panoramic.....	53.00
0351	3D Photographic Image.....	97.00

OTHER		Your Fee
0416	Viral Culture (a test to identify viral organisms).....	97.00
d0460	Pulp Vitality Test.....	27.00
0470	Diagnostic Casts (study models).....	44.00

PREVENTIVE (Dental Cleaning, includes minor scaling and polishing)		Your Fee
a1110	Adult Prophylaxis.....	48.00
a1120	Child Prophylaxis (without fluoride).....	37.00

(Fees are for regular cleanings. The first cleaning may be charged as a difficult cleaning (Savon Specific Codes) or under the Periodontic

FLUORIDE TREATMENTS		Your Fee
1206	Topical Application of Fluoride Varnish.....	16.00
1208	Topical Application of Fluoride.....	15.00

OTHER PREVENTIVE TREATMENTS		Your Fee
1330	Oral hygiene instruction.....	N/C
1351	Sealants, per tooth.....	25.00

SPACE MAINTAINERS (To include adjustments)		Your Fee
1510	Fixed - unilateral type.....	153.00
1515	Fixed - bilateral type.....	208.00
1520	Removable-unilateral type.....	180.00
1525	Removable-bilateral type.....	226.00

RESTORATIVE		Your Fee
Amalgam Restoratives (Silver fillings)(primary or permanent)		
2140	Amalgam - one surface.....	70.00
2150	Amalgam - two surfaces.....	86.00
2160	Amalgam - three surfaces.....	98.00
2161	Amalgam - four or more surfaces.....	116.00

Composite or Other Esthetic Restorations		Your Fee
Composite Fillings (white fillings)		
2330	One surface-anterior (includes class III restorations).....	\$81.00
2331	Two Surfaces-anterior.....	96.00
2332	Three Surfaces-anterior.....	115.00
2335	Four or more surfaces or involving incisal angle - anterior.....	145.00
2391	One surface-posterior.....	90.00
2392	Two surface-posterior.....	112.00
2393	Three surface-posterior.....	135.00
2394	Four or more surface - posterior.....	194.00

Inlays and Onlays		Your Fee
bd 2510	Inlay Metallic - 1 surface.....	366.00
bd 2520	Inlay Metallic - 2 surface.....	383.00
bd 2530	Inlay Metallic - 3 surface.....	394.00
bd 2542	Onlay Metallic - 2 surface.....	404.00
bd 2543	Onlay Metallic - 3 surface.....	445.00
bd 2544	Onlay Metallic - 4 + surfaces.....	476.00

CROWNS		Your Fee
d 2740	Porcelain/Ceramic (Procera, Emjress, Cerec, etc).....	583.00
bc2750	Porcelain fused to high noble.....	531.00
c 2751	Porcelain fused to base metal.....	452.00
bc 2752	Porcelain fused noble.....	503.00
bc2790	Crown / 3/4 cast high noble.....	500.00
bc2796	Crown / full cast high noble.....	525.00
bc 2792	Crown / full cast noble.....	510.00
bc2794	Crown / Titanium.....	563.00
2910	Re-cement Inlays, Onlays or partial coverage restoration.....	51.00
2915	Re-cement cast or prefabricated post and core....	58.00
2920	Re-cement Crowns.....	50.00
2930	Prefabricated stainless steel crown primary tooth.....	131.00
2931	Prefabricated stainless steel crown permanent tooth.....	149.00
2932	Prefabricated resin crown.....	151.00
2934	Prefabricated esthetic coated stainless steel crown (primary tooth).....	173.00
2940	Protective restoration.....	55.00
2950	Core build-up including any pins.....	109.00
2951	Pin retention - per tooth, in addition to restoration.....	36.00
2952	Post and core in addition to crown- indirectly fabricated.....	180.00
2954	Prefabricated post and core in addition to crown.....	153.00

VENEERS (LAMINATES - per tooth)		Your Fee
2960	Labial Veneer (resin Laminate) (performed chairside).....	326.00
d2961	Labial Veneer (resin) (lab).....	410.00
d2962	Labial Veneer (porcelain)(lab).....	519.00

- a - First cleaning may be a difficult cleaning
- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$150.00
- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$160.00 per tooth

REPRESENTATIVE COMMISSION SALES AGREEMENT

AGREEMENT/CONTRACT made this _____ day of _____, 20____, between Savon Dental Plan®, as a division of SPS/Savon Professional Services, Inc., hereinafter referred to as ("Company") an Arizona Corporation, with offices in Phoenix, Arizona (mailing address; P.O. Box 54277 - Phoenix, AZ 85078-4277) and _____, ([] Agent - [] Broker), hereinafter referred to as ("Rep") with offices at _____, City: _____, State: _____, Zip Code: _____, Telephone: (____) _____

In consideration of the mutual covenants and agreements herein contained,
Company and Rep hereby agree as follows:

- 1. The Company's Division, Savon Dental Plan, is the provider of a comprehensive Dental Plan for individuals, groups and families throughout the United States by virtue of contracts with individual dental professionals.
- 2. _____ is an unrelated business which, through its principal, desires to market and sell Company's service and/or products in order to receive remuneration from Company on a commission basis.
- 3. For the following consideration Company hereby authorizes Rep to market and sell its services and/or products on a commission basis.
- 4. Company authorizes Rep to act as Company's representative and to perform liaison and other duties in strict accordance with Company policies.
- 5. It is expressly agreed between the parties that a sale is not complete until all required sales activities and all of the Rep's duties have been fulfilled.
- 6. Rep agrees to market and sell Company's services and/or products in strict accordance with Company policies.
- 7. Rep shall devote enough of its efforts and time to the marketing and sale of Company's services and/or products to meet the following requirements:
 - A: **AGENT:** - Strive for five (5) sales per year. Five (5) sales per calendar year is required for residual purposes.
 - B: **BROKER:** - Strive for ten (10) sales per year. Ten (10) sales per calendar year is required for residual purposes. Broker may contract with Agents (in accordance with paragraph 19). All applications (Brokers and Brokers' Agents) shall count as part of Broker's total policy commitment.
- 8. Company authorizes Rep to accept funds from their client and deposit said funds into Reps account. Rep agrees to forward the applicable fees from collected funds to company in accordance with paragraph 12.
- 9. If Rep elects not to deposit fund into Reps account, Rep agrees to forward all collected funds to company in accordance with paragraph 12.
- 10. If Rep forwards all collected funds to company in accordance with paragraph 12, commission shall be paid to Rep in accordance with paragraph 11 sub section D.
- 11. In consideration for such services by Rep, Company agrees to pay and Rep agrees to accept as full and complete compensation, the following:

AGENT: No charge to become an agent.

BROKER: \$100.00 Initial Charge (waives the 20 sales requirement) or 20 sales as an agent.

A: AGENT – Agent shall transmit all paperwork along with an activation fee of 75% of the amount collected plus the processing fee for the first 10 sales, Agent shall transmit all paperwork along with an activation fee of 60% of the amount collected plus the processing fee for the next 10 (numbers 11 – 20) sales. On the agents 21st sale (agent automatically is moved to Broker status). Agent may not become vested.

B: BROKER - Broker shall transmit all paperwork along with an activation fee of 50% of the amount collected plus the processing fee for each plan that is sold. Sales for initial commission are cumulative and do not reset each year. Broker shall be considered vested for residual purposes after sixty (60) consecutive months as an active broker.

C: RESIDUAL COMMISSION - Residual shall be paid as long as agent/broker remains active in accordance with paragraph 7-sub section A and sub section B. Residual shall be paid as follows:

Agent - 10% residual shall be paid on the first 20 sales that are sold as an Agent. 25% residual shall be paid on all sales after the 20th sale. If agent becomes inactive then reactivates all prior retained residual will be forfeited.

Broker - 25% residual commission, for all monthly or annual receipts. If broker becomes inactive then reactivates all prior retained residual will be forfeited. Attached agents may be reassigned as company agents if a broker becomes inactive.

D: RESIDUAL TERMS - Residual commissions and/or sales commissions shall be paid for all payments received from members by the last business day of the month. For the purpose of this agreement the 4:00 p.m. M.S.T. on last Friday of each month shall be considered the last business day of the month.

All commissions earned in excess of \$100.00 shall be issued on the 15th of the next month. If commission is due for less than \$100.00 said amount shall be carried by Company until a total sum in excess of \$100.00 is due.

E. Member Cancellation Notice - Prior to cancellation, Rep shall be given the opportunity to collect on its past due accounts and such collection must be accomplished within a period of seven (7) working days from placement of such an order.

- 12. All applications and applicable fees, shall be transmitted by Rep to Company within seven (7) days from the date the application is signed. In no case shall the application become binding on the Company until the appropriate funds and applications are received by the Company.
- 13. The Company shall handle all administrative activity, i.e., processing applications, billings, handling of any complaints, changing members from one dentist to another and adding or subtracting individuals on a policy.
- 14. Company expressly reserves the right to reject any applications submitted by Rep and Rep shall not be entitled to retain any commissions on any applications unless they have been accepted by Company. The issuance of a membership identification number shall constitute acceptance by Company.
- 15. Rep agrees for the duration of this agreement or subsequent agreements with Company and for a period of five (5) years beyond the termination of the agreement, not to disclose to any third party, without the prior written consent and approval of Company, any confidential or proprietary information supplied to the Rep by the Company during the period of the Agreement.
- 16. The Rep may not assign this agreement without prior written consent and approval of Company.
- 17. This Agreement is "open-ended" and has no time constraints however, it shall be null and void of Rep goes out of business.
- 18. Rep is an independent contractor and this Agreement shall in no way be construed as constituting an employment agreement between Company and Rep (Agent, Broker or Brokers' Agent). Rep furthermore understands and agrees that Rep is solely responsible for all for Reps Federal, State and Local Taxes. Furthermore, Broker assumes all responsibility for payment of fees to their Agents.
- 19. Rep agrees to hold Company harmless from any liability whatsoever that may result from Rep's activities.
- 20. Rep shall use only Company approved materials and literature in making sales on behalf of Company and to aid in marketing, all Company material may be reproduced without consent of Company unless noted otherwise. Furthermore, Rep shall be permitted to advertise Company's services via any media with consent (verbal or written) of Company.
- 21. Either party herein may terminate this contract upon sixty-(60) days written notice to the other.
- 22. Rep shall not misrepresent the Company in any way.
- 23. Company may immediately terminate this contract, upon written notice, if Rep violates any term of this agreement.
- 24. All applications become the sole and private property of Company and upon termination of this contract and for twelve (12) consecutive months thereafter or until plan expiration, whichever occurs first, Rep shall not personally or knowingly allow or provide to Reps' agents, Reps' employees, Reps' heirs or any other person any information concerning any plan member for purposes of soliciting another membership dental plan.
- 25. Should any court of any jurisdiction rule that any segment of this agreement is in violation of the laws of that jurisdiction, said segment, and only said segment shall be deemed null and void and the remainder of this agreement shall remain in full force and effect.
- 26. This contract shall be governed and interpreted in accordance with the laws of the State of Arizona and proper jurisdiction and venue shall be the County of Maricopa, State of Arizona. Any dispute arising out of this contract shall be adjudicated through legal avenues available in the State of venue. If action is taken and Company prevails, Rep shall be held responsible for any attorney fees and actual or punitive damages arising due to the breach of this agreement.

Any addendums notwithstanding paragraphs 1 through 26 represents the total agreement between Company and Rep.

Signed this _____ day of _____ Two Thousand _____

Rep Signature: _____ Printed Name and Title: _____

Signed this _____ day of _____ Two Thousand _____

By: _____ Title: _____
For Savon Professional Services Inc.



Savon Dental Plan[®]

America's Dental PlanSM

Agent/Broker Personal Profile

Name: _____

Name of Company: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone # (____) ____ - ____ Cell Phone # (____) ____ - ____ Fax # (____) ____ - ____

E-mail address: _____ S.S.A.N. or E.I.N. #: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Age: _____ Sex M F

Driver License #: _____ State: _____ Expires: ____ / ____ / ____

Insurance License #: _____ State: _____ Expires: ____ / ____ / ____

Have you ever been convicted of a felony? yes no If yes, what year: _____ and in what State: _____

Explain Conviction:

Do Not Write Below This Line - For Company Use Only

Agent Broker Date Agreement Received: ____ / ____ / ____

Broker Fee Paid? Yes No (if yes, amount paid) \$ _____ . _____

State Company is in: _____ Agent/Broker Identification Number: _____
(3 digits for Agent - 4 digits for Broker)

Please complete and mail to:
Savon Dental Plan - P.O. Box 54277 - Phoenix, AZ 85078-4277 or Fax to 602-589-0417