



Inshore Benefits

Employer Application — All States, as listed below

For 2026 effective dates. Benefit and rates are subject to change, check inshorebenefits.com for the most current information.

Delta Dental: Available in TX
 VSP Vision: Available in all states, excluding CA and CO
 Guardian PPO Dental: Available in all states, excluding CA
 Guardian HMO Dental: Available in: CO, FL, IL, IN, MI, MO, NY, NJ, OH and TX

5. EMPLOYER SPONSORED OPTIONS

- Monthly Administration Fee: \$15 / month / invoice
- Plan Type: Employer Sponsored
- Contributions: Employer can contribute 50% - 100% of premiums

Delta Dental in TX

Available to groups headquartered in: TX
 Employees can reside in: Any state for PPO plans
 Participation: Minimum of 2 enrolled employees
 Plan Selection(s): Employer can choose one PPO option

Choose One	Plan Number	Plan Type	Plan Name	Employee Only	Employee + Spouse	Employee +1 Child	Employee +Children	Employee +Family
	Plan 1 - 22824-01100	Dental DPO	DPO \$50 100/80/50 \$1,500	\$34.53	\$61.33	\$61.33	\$91.64	\$91.64
	Plan 2 - 22824-01300	Dental DPO	DPO \$50 100/80/50 \$2,000 w/ortho	\$38.17	\$68.01	\$68.01	\$101.78	\$101.78
	Plan 3 - 22824-01500	Dental DPO	DPO \$50 100/80/50 \$2,000	\$35.79	\$63.64	\$63.64	\$95.16	\$95.16
	Plan 4 - 22824-01700	Dental DPO	DPO \$50 100/80/50 \$3,000 w/ortho	\$38.88	\$69.32	\$69.32	\$103.76	\$103.76

Vision Service Plan (VSP)

Available to groups headquartered in: Any state, except CA and CO
 Employees can reside in: Any state for PPO plans
 Participation: Minimum of 3 enrolled employees
 Plan Selection(s): Employer can choose one PPO option

Choose One	Plan Number	Plan Type	Plan Name	Employee Only	Employee + Spouse	Employee +1 Child	Employee +Children	Employee +Family
	0096	Vision	Choice \$150 A \$10/\$25	\$6.85	\$11.17	\$11.17	\$11.78	\$17.33
	0097	Vision	Choice \$160 B \$10/\$25	\$8.59	\$14.63	\$14.63	\$15.48	\$23.23
	0098	Vision	Choice \$180 B \$0	\$9.71	\$16.88	\$16.88	\$17.88	\$27.06
	0099	Vision	Choice \$180 C \$10/\$10	\$10.08	\$17.64	\$17.64	\$18.71	\$28.37
	0100	Vision	Choice \$200 EasyOptions	\$11.09	\$19.66	\$19.66	\$20.86	\$31.83

Choose One	VSP Participation Options: The employer must choose one of the following participation options. (Required)
	Option 1: VSP participation and contribution matches employer-sponsored medical plan participation exactly.
	Option 2: VSP participation and contribution matches employer-sponsored dental plan participation exactly.
	Option 3: VSP participation is 100% employer paid, and all eligible employees and all eligible dependents are enrolled.
	Option 4: VSP participation is 100% employer paid and all eligible employees and no dependents are enrolled.

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: InshoreBenefits.com
 Inshore Benefits is marketed by Warner Pacific Insurance Services, Inc. | Phone: (800) 801-2300 | Fax: (800) 609-0111 | Email: quoting@warnerpacific.com
 Inshore Benefits is administrated by Pathian Administrators | Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com



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 Guardian HMO Dental: Available in: CO, FL, IL, IN, MI, MO, NY, NJ, OH and TX

6. VOLUNTARY OPTIONS

- Monthly Administration Fee: \$15 / month / invoice
- Plan Type: Voluntary
- Contributions: Employer can contribute 0% - 100% of premiums

Delta Dental in TX (Voluntary)

Available to groups headquartered in: TX
 Employees can reside in: Any state for PPO plans
 Participation: Minimum of 2 enrolled employees
 Plan Selection(s): Employer can choose one PPO option

Choose One	Plan Number	Plan Type	Plan Name	Employee Only	Employee + Spouse	Employee +1 Child	Employee +Children	Employee +Family
	Plan 1 - 22824-01200	Dental DPO	DPO \$50 100/80/50 \$1,500	\$38.38	\$68.40	\$68.40	\$102.37	\$102.37
	Plan 2 - 22824-01400	Dental DPO	DPO \$50 100/80/50 \$2,000 w/ortho	\$42.12	\$75.27	\$75.27	\$112.78	\$112.78
	Plan 3 - 22824-01600	Dental DPO	DPO \$50 100/80/50 \$2,000	\$39.74	\$70.90	\$70.90	\$106.16	\$106.16
	Plan 4 - 22824-01800	Dental DPO	DPO \$50 100/80/50 \$3,000 w/ortho	\$42.88	\$76.67	\$76.67	\$114.93	\$114.93

Guardian Dental (Voluntary)

Available to groups headquartered in: Any state, except CA
 Employees can reside in: Any state for PPO plans
 Employees can reside in: CO, FL, IL, IN, MI, MO, NY, NJ, OH, or TX for HMO plans
 Participation: Minimum of 1 enrolled
 Plan Selection(s): Employer can choose one or more plan options

Choose Plan(s)	Plan Number	Plan Type	Plan Name	Employee Only	Employee + Spouse	Employee +1 Child	Employee +Children	Employee +Family
	DT F0059A	PPO	2500 UCR	\$64.31	\$124.09	\$124.09	\$228.43	\$228.43
	DT F0060I	PPO	1500 MAC	\$55.56	\$106.99	\$106.99	\$140.52	\$140.52
	4H G0073C	HMO	HMO (Available in CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX)	\$16.65	\$29.60	\$29.60	\$47.94	\$47.94

Vision Service Plan (VSP) (Voluntary)

Available to groups headquartered in: Any state, except CA and CO
 Employees can reside in: Any state for PPO plans
 Participation: Minimum of 1 enrolled
 Plan Selection(s): Employer can choose one or more voluntary PPO options

Choose Plan(s)	Plan Number	Plan Type	Plan Name	Employee Only	Employee + Spouse	Employee +1 Child	Employee +Children	Employee +Family
	0031	Vision	Choice \$150 A \$10/\$25	\$7.60	\$12.66	\$12.66	\$13.38	\$19.87
	0032	Vision	Choice \$160 B \$10/\$25	\$9.18	\$15.84	\$15.84	\$16.77	\$25.28
	0033	Vision	Choice \$180 B \$0	\$10.58	\$18.63	\$18.63	\$19.76	\$30.05
	0034	Vision	Choice \$180 C \$10/\$10	\$11.02	\$19.53	\$19.53	\$20.72	\$31.60
	0035	Vision	Choice \$200 EasyOptions	\$13.22	\$23.91	\$23.91	\$25.40	\$39.09

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7. ACH PAYMENT AUTHORIZATION - PLEASE ATTACH A COPY OF A VOIDED CHECK

Name of Account Holder:		
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Bank Routing Number: I: <input style="width: 150px;" type="text"/> I:	The Bank Routing Number is the 9-digit number on the lower left of your check. This routing code appears between the I: symbols.	
Account Number: I: <input style="width: 150px;" type="text"/> II:	The Account Number is the number that can be found between the second I: symbol and the II: symbol. Do not include the check number (the digits to the right of the II: symbol.)	
Please check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
I authorize Pathian Administrators to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to Pathian Administrators at the address above. If the payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date. Please give a 7-day notice to Pathian if you wish to stop a future draft by emailing: inshore@pathianadministrators.com		
Signature of Account Holder:		
Print Name:		Date:

8. AGENT INFORMATION

Agent Name:		Inshore Agent ID #:
License #:	State Issued:	Expiration (MM/YY):
Mailing Address:		
City:	State:	Zip Code:
Agency Name:		
Agency Mailing Address (if different):		
City:	State:	Zip Code:
Email:	Phone:	Fax:
Agent's Certification: I hereby certify that I am not aware of any information that has been withheld from this application by the client and which may have bearing on this risk. I hereby certify that I have advised the client not to terminate any existing coverage until they have received written notification from Warner Pacific Insurance Services and/or Pathian that the coverage being requested by this application is accepted. Upon first submission, the agent or agency must provide copy of current Producer License and a completed W-9.		
Agent Signature:		Date: