

## PAYMENT, REFUND AND CANCELLATION POLICY

Below you will find our current payment, refund, and cancellation policy. Please read it carefully as this policy supersedes any other written documents you may have received prior to today's date. If you have any questions or comments about this policy, please do not hesitate to contact Nevada Dental Benefits, Ltd. ("NDB")

**RIGHT TO CANCEL COVERAGE AT ANY TIME:** Dental coverage can be canceled at anytime by contacting a member of the customer care team toll free at 1-(866) 998-3944, or by emailing [contactus@nevadadentalbenefits.com](mailto:contactus@nevadadentalbenefits.com). Cancellations will be effective on the last day of the month of the current coverage period. You may not be eligible to receive a refund however, depending on the timing of the request. All requests will be handled according to our REFUND POLICY, explained below:

### REFUND POLICY

**Refund Request Received On or After the 5th Day of Month of Coverage:** Nevada Dental Benefits, Ltd. will not issue a refund for insurance purchased if the request is made on or after the 5th day of month of insurance coverage. Once your payment transaction has posted, you have agreed to pay for the services offered and accept the insurance policy for the coverage period. There are no exceptions.

**Refund Request Received Before the 5th day of Month of Coverage:** Requests made by members before the 5th day of the month of coverage are eligible for refunds, and will be processed expeditiously. No member will be eligible for a refund if dental services and/or procedures were received during the coverage period for which refunds are requested.

### Timing of Refunds

**Check / ACH / Wire:** After receiving your refund request, NDB will confirm your payment has cleared the bank (may take up to 15 business days). Once cleared, a refund check will be issued within 10 business days.

**Credit Card:** Refunds will be issued to the form of payment within 6 business days after receipt of your refund request. If you paid by credit card, it may take up to 7 business days for the credit card company to post the payment to your account.

### How to Request a Refund

- Contact a member of our customer care team at 1-(866) 998-3944
- Email a refund request to: [contactus@nevadadentalbenefits.com](mailto:contactus@nevadadentalbenefits.com)
- Mail a written refund request to:  
*Nevada Dental Benefits, Ltd.*  
Attn: Refund Processing  
PO Box 81950  
Las Vegas, NV 89180  
Please include your first and last name, your Group/Member Number, and your requested date of cancellation.

**PAYMENT POLICY:** Our policy is to collect payment by the 25th of the month preceding the month of coverage, and all premium is due no later than the 5th day of the coverage period. This grace period is for ease of administration and as a courtesy to our members. Insurance coverage may also be prepaid upfront on an annual basis, or be set up for automatic recurring monthly payments. The Company accepts payment by VISA, Mastercard, American Express, and Discover, as well as Electronic Transfer of Funds (ETF/ACH). [Click here to Download our Payment Form.](#) Nevada Dental Benefits, Ltd. also accepts payment by money order / personal check / or bank cashier's check. Check payment must be sent to Nevada Dental Benefits, Ltd. PO Box 81950, Las Vegas, NV 89180. Please write your invoice number(s), or group number(s), in the memo line which will help us identify your account(s). Wire transfer payments are not accepted unless otherwise approved by Nevada Dental Benefits, Ltd in advance. Wire transfers are subject to a \$25.00 processing fee. Nevada Dental Benefits, Ltd. does not accept cash payments.

**LATE PAYMENTS:** All monthly payments are due by the 25th of the month preceding coverage. As an example, payment for March coverage must be received by February 25th. Failure to pay by this time may result in the cancellation of your policy. Nevada Dental Benefits may extend a grace period up to the 5th day of the month of coverage for members experiencing special circumstances, at the discretion of NDB.

**INCORRECT OR DUPLICATE PAYMENTS:** While NDB strives to ensure accuracy in all billing related matters, errors can inadvertently be made. For any concerns related to your financial transactions (i.e duplicate charges, incorrect refund amounts), please contact NDB at [contactus@nevadadentalbenefits.com](mailto:contactus@nevadadentalbenefits.com) or by calling 1(866) 998-3944.