

IN WITNESS WHEREOF, Sponsor/Contractholder and Delta have duly executed this Business Associate Addendum as of the date listed below.

Sponsor/Contractholder represents and warrants that it is signing this Agreement in its capacity as the sponsor of the Group Health Plan and not in a capacity of a business associate to the Group Health Plan.

Sponsor/Contractholder: _____
(print entity's name)

Group Contract Number: _____

Signature: _____

Print Name: _____

Print Title: _____

Date: _____

Delta Dental Insurance Company

Signature: *Debbie Reeves*

Print Name: Debbie Reeves

Print Title: Vice President, Marketing Administration

Date: February 1, 2004