



GemStarSM ELITE DENTAL 1000+



Coverage you can smile about.

- For employer groups with **5-99 lives**
- Access to nationwide savings with Ameritas Dental Network
- Featuring Dental Rewards[®]

Not available in WA.

Benefits designed with you in mind.

PREVENTIVE SERVICES

Includes exams and cleanings (2 per year), x-rays, fluoride treatments and sealants (under age 16)

Policy pays **100% day one**

BASIC SERVICES

Includes fillings, endodontics, periodontics and simple extractions

Policy pays **80% day one**

MAJOR SERVICES

Includes oral surgery, crowns, bridges and dentures

Policy pays **50% after year one**

Policy pays 50% day one for groups with 25+ lives enrolled or for groups with existing coverage.

ORTHODONTIC SERVICES

Includes straightening of teeth (under age 19)

Policy pays **50% after year one**

\$500 Calendar Year Maximum per child

\$1,000 Lifetime Maximum per child

Policy pays 50% day one for groups with existing coverage.

» **\$50 Calendar Year Deductible** combined per person for Basic & Major Services with a maximum of 3 deductibles per family

» **\$1,000 Annual Maximum** for Preventive, Basic & Major Services combined

✓ **Buy-up option:** \$1,500

Groups with 24 lives or less that have existing coverage will receive takeover credit. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

» DENTAL PROVIDER

The GemStar Elite plan is designed for those who value the freedom to use any dentist. However, with one of the Ameritas Dental Network dental providers, your out-of-pocket costs almost always will be less. That's because these providers agree to charge a discounted network fee—known as the MAC or Maximum Allowable Charge—for each covered procedure.

Features of the Ameritas Network include:

- Discounted fees, typically 25% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with over 413,500 access points and 110,500 unique providers

Network not available in MT and RI.

To search for providers, go to
[SecurityLife.com/ProviderSearch](https://www.SecurityLife.com/ProviderSearch)

» MEMBER SAVINGS

You may receive additional savings that can reduce out of pocket expenses:



Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials).



Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required).



Access to emergency vision provider referrals when traveling outside the U.S. through AXA Assistance.



≡ DENTAL REWARDS®

Seeing the dentist at least once a year is a great dental health habit. Our program rewards you when you visit the dentist yearly, but don't wind up using all of your annual maximum benefit in any given year.

Unlike the "use it or lose it" approach, you can carry over part of your unused benefit so the money is there when you need it the most. You can keep building your reward until you reach the maximum accumulation of \$1,000.

How it works:

1. Submit at least one dental claim a year.
2. Keep your total benefits received for that year at or below the plan's annual threshold amount.
\$500 for \$1,000 or \$750 for \$1,500 Annual Maximum.
3. Earn reward to use for the following year.

In addition, we offer an additional PPO Bonus when you utilize an Ameritas Dental Network provider.

Dental Rewards Sample Bonus

Annual maximum for Preventive, Basic and Major services	\$1,000	\$1,500
	+	+
Dental Reward carryover	\$250	\$250
	+	+
PPO Bonus	\$100	\$150
Next year's annual maximum	\$1,350	\$1,900

≡ PLAN DETAILS

Out-of-network benefits are based upon the 90th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).

Benefit year maximums are calculated for each certificate year from certificate effective date.

Eligible Employees: An individual employed by a participating employer who works 20 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

Dependents: Dependent refers to a spouse or domestic partner, or dependent child under age 26.

Eligible Dependent: Eligible Dependent refers to an unmarried child at least 26 years of age who relies on you for support because he or she is incapable of self-sustaining employment due to mental or physical incapacity.

Alternative Procedures: If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment to the submitted treatment.

What's not included.

Covered expenses will not include, and no benefits will be payable for, expenses incurred:

- For any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance or who elects to become covered again after canceling a premium contribution agreement will be classified as a late entrant.
- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- For any procedure begun before the plan member was covered under the dental expense benefit.
- For any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliance installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; splint or replace tooth structure lost because of abrasion or attrition.
- For any procedure not shown on the Table of Dental Procedures.
- For which the plan member is entitled to benefits under any workers' compensation or similar law, or charges or services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment or wage of profit.
- For charges for which the plan member is not liable or which would not have been made had insurance been in force.
- For services that are not required for necessary care and treatment or not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- Applies to non-takeover business: in the first 12 months that a plan member is covered for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- For an orthodontic program which was begun on or after the member's 19th birthday, if orthodontia was elected.
- Before the plan member has been covered under the orthodontic expenses benefits for at least 12 consecutive months, however, this is waived for initials who were previously covered by the prior plan's dental and orthodontia plan and have at least 5 enrolled lives on the initial effective date otherwise a 12 month waiting period applies.
- In any quarter of a Program if the member was not covered under the orthodontic expense benefits for entire quarter
- After the member's insurance under the orthodontic expense benefits terminate.

Underwritten by Ameritas Life Insurance Corp.

Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.

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GemStar Elite Dental 1000+ Rates

Follow the steps below to find your **GemStar Elite Dental 1000+** monthly policy rate:

1 Find your Area by locating the first 3 digits of your zip code

State	Zip	Area	State	Zip	Area	State	Zip	Area
Alabama	350-355, 359	3	Kentucky	All	1	North Carolina	278-279, 283	1
	All Other	1		707-711	2		277, 286, 288	3
Alaska	995-996	8	Louisiana	712	3		All Other	2
	All Other	6		All Other	1	581	3	
Arizona	856-857, 864	2	Maine	047	1	North Dakota	All Other	2
	All Other	1		All Other	2		452	2
Arkansas	All	1	Maryland	206-207, 209-211	2	Ohio	All Other	1
	956-958	4		217	3		740-743	2
California	917-918, 935-938, 943-948	5	Massachusetts	All Other	4	Oklahoma	All Other	1
	952, 955, 959-960	5		017, 019, 025, 026	6		978	2
	900-905, 913-914, 931	7	All Other	5	Oregon	977	4	
	915-916	8	485	1		All Other	3	
	All Other	6	Michigan	480-481, 483, 488-489	3	Pennsylvania	170-178, 182-187, 189, 193-194	2
800-806, 808-809	4	All Other		2	190-192		3	
Colorado	All Other	2	Minnesota	553-555, 557-558, 564	3	All Other	1	
	060-065, 067	4		All Other	2	Rhode Island	All	3
Connecticut	All Other	5	Mississippi	390-392	2	South Carolina	292	2
	All	3		All Other	1		All Other	1
D.C.	All	6	Missouri	631, 640-649, 651-652	2	South Dakota	572-573	3
Florida	320, 322, 326-329	1		All Other	1		All Other	1
	338, 344, 347	2	Montana	590-591	2	Tennessee	373-374	2
	330-332	5		598	4		All Other	1
	334	4	Nebraska	All Other	3	Texas	756-757, 776-777	1
All Other	3	685, 691		2	750-753		3	
Georgia	300-303, 305-307, 311, 399	2	Nevada	All Other	1		754	4
	300	3		890-891	2	All Other	2	
	All Other	1	889, 893	4	Utah	All	2	
Hawaii	All	4	New Hampshire	897	5	Vermont	All	2
Idaho	832, 834	1		All Other	6		224-225	1
	All Other	2	032-037	4	229-232, 240-244	2		
Illinois	604, 610-611, 616-618, 627	2	All Other	5	228	3		
	600-603, 605	3	New Jersey	070, 074, 076, 078-079	5	Virginia	226-227, 238-239, 245-246	4
	606-608	4		All Other	4		222-223	6
	All Other	3	881	2	All Other		5	
Indiana	460, 462-468, 475-477	2	New Mexico	882	5	Washington	Not Available	
	473	3		All Other	1		262-265	3
	All Other	1	147	1	West Virginia	255-257	4	
Iowa	500-502, 508, 515	1	129, 133-143	2		All Other	2	
	All Other	2	125, 127	4	Wisconsin	All	2	
Kansas	660-661	2	103-104, 109, 111-114, 117-119	5		Wyoming	All	2
	662	3	110, 115-116	6				
	All Other	1	106	7				
			100-102	8				
		All Other	3					

MY AREA NUMBER

2 Find your Dental Rate by your Area and Annual Maximum

Rates for \$1000 Annual Max									DENTAL RATE per employee
Area:	1	2	3	4	5	6	7	8	
Employee Only	\$31.81	\$34.87	\$38.32	\$42.15	\$46.37	\$50.97	\$55.95	\$61.70	
Employee + Spouse	\$64.88	\$71.13	\$78.17	\$85.99	\$94.59	\$103.97	\$114.13	\$125.85	
Employee + Child(ren)	\$68.33	\$74.92	\$82.33	\$90.56	\$99.62	\$109.50	\$120.20	\$132.55	
Employee + Family	\$110.78	\$121.46	\$133.47	\$146.82	\$161.50	\$177.52	\$194.87	\$214.89	

Rates for \$1500 Annual Max									DENTAL RATE per employee
Area:	1	2	3	4	5	6	7	8	
Employee Only	\$34.83	\$38.18	\$41.96	\$46.16	\$50.77	\$55.81	\$61.26	\$67.56	
Employee + Spouse	\$71.05	\$77.90	\$85.60	\$94.16	\$103.58	\$113.85	\$124.98	\$137.82	
Employee + Child(ren)	\$74.83	\$82.05	\$90.16	\$99.18	\$109.09	\$119.91	\$131.63	\$145.16	
Employee + Family	\$121.30	\$133.00	\$146.15	\$160.77	\$176.84	\$194.38	\$213.38	\$235.30	

3 Find the Monthly Dental Premium for your group

	Dental Rate	# of Employees	Subtotal	
Employee Only	\$	x	=	\$
Employee + Spouse	\$	x	=	\$
Employee + Child(ren)	\$	x	=	\$
Employee + Family	\$	x	=	\$
Total Monthly Dental Premium for Your Group				\$

For groups with 5-99 employees

For groups over 99 eligible employees please request a quote from the home office.

A rate increase of 20% is required for Schools, Government Agencies, Interior Design, Religious or Charitable Organizations, Insurance or Agent Offices, Banks, Law Offices, Jewelry Stores, and Real Estate Sales.

See reverse side for additional information

1. Applicant's Legal Name _____

2. Doing business as _____

3. _____
 P.O. Box / ZIP Code _____
 Street Address _____
 City / State / ZIP _____
 Phone No. _____ Fax No. _____
 E-mail Address _____ Tax I.D. No. _____

4. What is the nature of your business or industry?

5. Eligibility
 Total Number of Eligible Employees _____
 Employees in Waiting Period _____

6. Are any classes or locations excluded? Yes No
 Are domestic partners included? Yes No
 Are retirees included? Yes No
 (If yes, please use reverse side for explanation.)

7. Are any subsidiary and/or affiliated companies to be insured? Yes No
 (If yes, please use reverse side to list name and location.)

8. How many hours per week equals full time employment? _____

9. Employee Participation
 Employer contributes _____% of employee premium.
 Tied-to-Medical (All employees covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)
 Non-Contributory (Policyholder contributes 100% of premiums. All employees must be insured, except those listed under excluded classes or locations.)
 Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all employees must be insured, except those listed under excluded classes or locations and those covered elsewhere.)
 Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)
 Voluntary (Policyholder does not contribute towards premium, 100% contribution by employee.)

10. Dependent Participation:
 Employer contributes _____% of dependent premium.
 Tied-to-Medical (All eligible dependents covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)
 Non-Contributory (Policyholder contributes 100% of premiums. All eligible dependents must be insured, except those listed under excluded classes or locations.)
 Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all eligible dependents must be insured, except those listed under excluded classes or locations and those covered elsewhere.)
 Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)
 Voluntary (Policyholder does not contribute towards premium, 100% contribution by employee.)

11. Section 125 Plan
 Election Period _____
 Plan Year _____

12. Employee welfare benefit plans that are subject to ERISA must satisfy various reporting, disclosure and related obligations. These requirements include the provisioning of a Summary Plan Description or SPD. The certificate of coverage can serve as an SPD if certain information is additionally disclosed. Please check one of the following (failure to respond shall be considered a positive response for A. and a negative response for B.).

A. **Plan is subject to ERISA (complete question 12.B.)**
 Plan is NOT subject to ERISA — Church or Govt. employer or other safe-harbor exception (see DOL Reg. §2510.3-1(j))

B. **Applicant requests that Ameritas Life Ins. Corp. prepare a SPD for its dental and/or vision plan Yes No**

If yes, the company is to prepare a SPD. The following information is required under ERISA and MUST be included in the SPD.

Plan No. _____ Plan Fiscal Year End Date _____

Plan Administrator:
 Name: _____
 Address: _____
 City, State, ZIP _____
 Phone No. _____ Plan Fiscal Year _____

Please Note: Applicant remains responsible for ensuring that SPD form provided by Ameritas Life Insurance Corp. is complete and accurate and satisfies applicable laws and regulations. Moreover, applicant remains responsible for providing its plan participants with SPD updates as required by applicable law and regulations.

13. Waiting Period

_____ for those employed on or before the policy effective date.
_____ for those employed after the new policy effective date.
 month(s) calendar days working days

14. Effective Date and Termination Date

Immediate
 First of Month Effective date / End of Month Termination date
 Other _____

15. Premium Payment Mode (In advance)

Monthly Quarterly Semi-Annual Annual
 Payroll Deduction (To choose this option, employee must pay employee and dependent premium.)

If policy effective date is other than first of the month, is a first of the month premium due date desired? . . . Yes No

Billing Options

Home Office Third-Party Administration

Contact Name

Title

Street Address

City / State / ZIP

Phone No. Fax No.

E-mail Address

16. The following coverages are applied for:

Employee & Dependents Benefits

Dental Orthodontia Eye Care
 Other _____

Employee Only Benefits

Dental Orthodontia Eye Care
 Other _____

This insurance shall be effective on: _____
(Premiums due prior to the coverage period.)

17. Policy and Certificate Delivery (select one)

A. eCert*/ePolicy (*generic cert, non-personalized)

via PDF format sent via e-mail to: _____
 via eService and member portal

B. Paper policy/personalized certificates

Initial employees only
 Subsequently added employees

Note: eCert will be available on member portal for all members.

18. Insurance requested on this application will replace the coverage(s) checked.

Coverages: Dental Orthodontia Eye Care
 Other _____

Name of Current Carrier _____

Policy No. _____

Coverage applied for is replacing comparable coverage now or previously in force with another carrier.

Termination Date Original Effective Date

Item 6: Exclusions

a. Classes, include reason for exclusion.

b. Locations, if location is different from applicant's, list city and state.

Item 7: Subsidiary and/or affiliated companies to be insured. List names and locations.

Plan Design and Proposed Rates: _____

Additional Remarks: _____

Agreements

This application will be subject to review and approval by the Home Office of Ameritas Life Insurance Corp. If this application is accepted, the final rates and benefits will be based on verification of this information and final enrollment numbers. This applicant represents that he/she has read the statements and answers to the above questions and that they are complete and true to the best of his/her knowledge and belief. Any policy including riders issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Ameritas Life Insurance Corp., group insurance at the Company's rates and under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

Statements

In several states, we are required to advise you of the following:

Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (See state-specific statements.)

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or

conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington, D.C. Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

If you do not want your company name used by Ameritas Life Insurance Corp. in our effort to recruit Network providers, check this box.

Signed at: City _____ State _____ Date _____

Signed by: (Policyholder Representative)

Printed name and title _____

Signature _____

Soliciting Agent: I understand and agree that if I'm not already appointed with Ameritas Life Insurance Corp., I must apply to and be appointed with Ameritas before I present this product to any client.

Printed Name _____ For FL agents only, provide FL license # _____

Signature _____

The policy provides dental and/or vision benefits only. Review your policy carefully.

Was a binder check received? Yes No If yes, then amount \$ _____.

Check received by (agent) _____ **Authorized by (policyholder)** _____

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO AMERITAS LIFE INSURANCE CORP.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington, D.C. Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number** – to make sure plan members are added to the correct group.
- **Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date** – needed so the correct effective date is calculated for new members.
- **Class Number** – needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a “life event” or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . .) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.