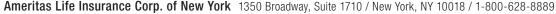
enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. of New York 1350 Broadway, Suite 1710 / New York, NY 10018 / 1-800-628-8889





Policy and Div. # 026			A: If individual ntinuee:	Qualifying Event		Date of Event				
Cert. #Name and Address of Employer (Policyholder)										
1 to enroll □ Dental □ To terminate Employee Information Marital Status □ Single □ Married □ Civil Union ³ Social Security number	· 🗌 Dom	nestic Partn		-	-	•				
Social Security number Employee's last name, first name, MI										
Date of birth Male Fe							Rehire dat	 e		
Occupation										
Street address										
E-mail address (limit of 60 characters)										
Are you covered under another dental insurance plan									es	No
Dependent Coverage Information List all eligible			dded or deleted	d. (Employ	ee m	ust be enrolled	to cover de	ependents)		
Print full legal name (last, first. MI)	De add	ntal drop			Sex	Date of birth	Soci	al Security no.	College student?	
1					0011				_	
2									T	
3									\top	
4										
5									T	
up for coverage until the next enrollment period except have read and understand. I represent that the information certifies the date of employment, job title, hours work X Employee-Signature (do not print)	ormation I ked and s	have prov alary inforr	ided is comple nation are corr	te and ac ect accor	cura ding	te to the best of to the Policyhol	of my knov der's reco	vledge. The porrds.	licyt	ıoldei
Any person who knowingly and with intent to defraucontaining any materially false information, or concernadulent insurance act, which is a crime, and shall claim for each such violation.	d any insi eals for th	urance con ne purpose	npany or other e of misleading	reason fi , informa	les a tion	n application for concerning any	or insurand fact mat	ce or statemen erial thereto, c	omr	nits a
Employee late entrant date	Effe	ctive Date	(Class Dep. Code						
Dependent late entrant date										
2 to change ☐ Name Change New Name				Old	Nam	e				
☐ Add Dependent Coverage☐ If due to marriage, what is the date of marriage☐ If due to loss of coverage, date and reason: _										
☐ If other, the date of event and please explain										
☐ Drop Dependent Coverage Number of de ☐ Due to divorce ☐ Due to death ☐ Due ☐ Other (please explain)	pendents to annua	still covere	ed: E eriod	ffective d	ate o ximu	f drop: m age to qualif				
to waive IF YOU DO NOT WANT COVERAGE, C EMPLOYER. I have been given an opportunity to apply fo myself (does not apply to TRUST policies) specialse	OMPLETE ' r Group In ouse/dom	THE WAIVER surance off estic partr	SECTION. THE Nered by my empler Child(n	WAIVER MA ployer, and r en) only	AY NO d hav	T BE ALLOWED F e decided not to spouse/domes	accept the	e offer for: er and child(rer	1)	
Name of insurance company and employer of depend Should I desire to apply for this group insurance in th	ent e future, l	realize tha	at a "late entra	nt" penalt	y ma	ny be applied.				

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.