enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. P.O. Box 81889 / Lincoln, NE 68501-1889 / 800-659-2223 / Fax: 402-467-7338

olicy and Div. # 010- ert. #				Qualifying Event			Date of Event			
Name and Address of Employer (Policyholder)				1				I		
■ to enroll □ Dental □ To termina										
Employee Information		U								
Marital Status Single Married Domestic										
Social Security number										
Employee's last name, first name, MI										
Date of birth Male F										
Occupation										
Street address E-mail address (limit of 60 characters)							State_	ZIF		
							Da			
Are you covered under another dental insurance pla								pendents: 🗌 Y	es 🗋	_] INC
Dependent Coverage Information List all eligit	•		ded or delete	d. (Employe	e m	ust be enrolled	to cover	dependents)		
Print full legal name (last, first. MI)	Dent add	drop	Relations	hip S	Sex	Date of bir	th S	ocial Security no.	Col stud	lege dent?
1										
2										
3										
4										_
5										
As an employee, I hereby apply for, or waive (if indic I authorize my employer to deduct premiums from m up for coverage until the next enrollment period exce I have read and understand. I represent that the im certifies the date of employment, job title, hours wo	y salary. <i>THE</i> pt in the cas formation I h rked and sala	E FOLLOW e of a life ave provid ary inform	ING APPLIES event. This in led is comple ation are corr	ONLY TO S formation w te and acc rect accord	SECT vas e curat ing f	TON 125 FLEX explained in the te to the best to the Policyh	<i>IBLE BEI</i> ne plan's of my ki	VEFITS PLANS: I a solicitation mate nowledge. The p	am sig rials w	gning vhich
Χ	Date		X			ot print)				
Employee Signature (do not print)			Policyholde	r Signature ((do n	iot print)		Date		hool
Employee Signature (do not print) In several states, we are required to advise you of the ing information in an application for insurance, or wh and may be subject to fines and criminal penalties, in applicant is materially related to a claim.	following: An	y person v presents	vho knowingly a false or frau	and with ir and with ir	nten m fo	t to defraud pr pr payment of	a loss or	benefit, is guilty	of a c	crime
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Note for 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.

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.