

# Administration Guide for Ameritas Policyholders



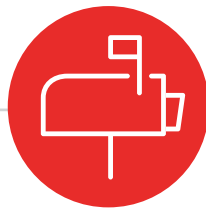
## Welcome

Thank you for selecting Ameritas! We help create beautiful smiles, put life into focus and promote good health. We're proud to be part of your benefits program, and we'll make benefits administration easy for you.



This booklet is a quick and easy guide to help you and your employees begin using your new benefits. Once you log in to your benefits administrator portal, everything you need will be at your fingertips. Let's get started!

# Contact Us



## Administration

**Toll Free: 800-659-2223**

**Fax: 402-467-7338**

Monday-Thursday: 7 a.m. to 7 p.m. CST

Friday: 7 a.m. to 5:30 p.m. CST

**Ameritas Group Administration**

**P.O. Box 82669**

**Lincoln, NE 68501-2669**

**Email: [group\\_assistants@ameritas.com](mailto:group_assistants@ameritas.com)**

Take advantage of your benefits administrator portal and online services by completing and submitting our online eServices Agreement.

## Billing payments

**Ameritas Life Insurance Corp.**

**P.O. Box 650730**

**Dallas, TX 75265-0730**

*Overnight mail or courier*

**Lockbox 650730**

**1501 N. Plano Rd., Suite 100**

**Richardson, TX 75081**

Please include the first page of your billing statement with payments by mail. Make check payable to Ameritas Life Insurance Corp.

Or, sign up for EFT payments with our online services. If you prefer to set up ACH/wire payments, please contact us.

## Claims and benefits

**Toll free: 800-487-5553**

**Fax New Claims: 402-467-7336**

**Fax Additional Info: 402-309-2580**

Monday-Thursday: 7 a.m. to Midnight CST

Friday: 7 a.m. to 6:30 p.m. CST

**Ameritas Group Claims**

**P.O. Box 82520**

**Lincoln, NE 68501**

**Email: [group@ameritas.com](mailto:group@ameritas.com)**

Members can create their secure member account and get full access once they have a submitted and paid claim.

## Provider networks

Based on your plan, here's how to find dental and/or vision network providers in your area.

**Find a dental provider: [dentalnetwork.ameritas.com](http://dentalnetwork.ameritas.com)**

**Or call Ameritas: 800-487-5553**

**Find a VSP vision network provider: [vsp.com](http://vsp.com)**

**Or call VSP: 800-877-7195**

**Find an EyeMed vision network provider: [eyemed.com](http://eyemed.com)**

**Or call EyeMed: 866-289-0614**

For Ameritas vision plans offering the VSP and/or EyeMed provider networks, Ameritas is your contact for plan administration.

## Wellness blog

Visit and subscribe to [ameritasinsight.com](http://ameritasinsight.com) for articles, whitepapers, podcasts and videos about well-being and employee benefits. These assets can be shared with your employees to increase engagement and help educate them on the importance of dental, vision and hearing health. Check out the article excerpts in the back of this guide.



# Quick Start Guide

Look for a **welcome email** from Ameritas to help you get set up and begin using your new benefits. To get started, just complete these 2 simple steps:

1. Review your **certificate(s) and master policy**. Your plan rates are listed in your master policy under 9050 – Table of Monthly Premiums.
2. Post or distribute our **GLB Privacy Notice** to plan participants. **English** and **Spanish** versions are available in this guide and at [ameritas.com/corp/privacy](https://ameritas.com/corp/privacy) under Group Dental, Vision and Hearing Care.

Now you're ready to set up your benefits administrator portal and **activate your online services**. Check out the interactive tutorial at [ameritas.com](https://ameritas.com), Account Access, Dental/Vision/Hearing, Benefits Administrator, [eServices Tutorial](#). If your policy was sold with eCert, you already have access to your certificate(s), policy and ID cards.



# Activate Additional Online Services

View your ID cards, policy and certificate(s), plus make enrollment updates and pay your bill online, through your secure [benefits administrator](#) portal. If your policy was sold with eCert, you automatically received an authorization ID for signing in. If not, we will email this information to you once you complete and submit our [eServices Agreement](#). If you already have eCert, complete and submit our [eServices Agreement](#) to add enrollment and billing access.

- Fill out the online [eServices Agreement](#) at [ameritas.com](#), Account Access, Dental/Vision/Hearing, Benefits Administrator, eServices Agreement.

- Select the **Submit This Agreement** button.

- If you need assistance setting up your secure benefits administrator portal for online services, please call us at **800-659-2223**.

EDI, an electronic enrollment file process, is available to qualifying groups.

## eServices Agreement

**ESERVICES AGREEMENT**

**eServices Selection and Terms/Conditions**

Group Name  Group Number  Division(s) ☐ All ☐ Specify

The following functions can be performed, please select the functionality your Group would like to utilize:

☐ Manage Billing (Paperless)  
☐ Manage Your Members  
☐ Update-add, change and terminate member coverage  
☐ View Only

**Terms and Conditions**  
1. Access to System and Policy Information.  
Ameritas Life Insurance Corp. (Ameritas) grants Group, identified above, the right to access the Ameritas group administration system via the Internet, using the "Processing Web Site", for the limited purpose(s) selected by Group above. Group agrees that its access to and use of the Processing Web Site shall be subject to these Terms and Conditions and any other instructions provided by Ameritas. Group's access to the

**Acceptance**  
In order to complete this preliminary step in the eServices sign-up process, a representative duly authorized to bind your company must complete the following:  
Name of Authorized Representative   
Title of Authorized Representative   
  
*Legal content removed for purposes of displaying sample eServices Agreement and the information you'll need to complete it.*  
☐ Agree ☐ Do Not Agree  
  
Please complete the Contact Information section below so that we may contact you regarding your request:  
Name   
Phone   
E-mail   
☐ Check here if Contact is the same as Security Administrator  
**Security Administration**  
Please identify the person that will be responsible for accessing the system:  
Name   
Address   
City  State  Zip   
Phone   
E-mail   
How many people will be using this system?   
  
  
  
After you submit this agreement, a confirmation page will be displayed. Please print this next page for your records.

## Account Access page

**Ameritas** fulfilling life. About Us | Contact Us | Find a Financial Professional | Find a Provider | Careers | **Account Access**

Insurance | employee benefits | financial services

**Individuals** | Businesses | Institutions/Municipalities | Financial Professionals/Producers | Providers | Investments

**account access**

We are improving your experience with Account Access — [test drive it here!](#)


**Dental/Vision/Hearing**

Member	Provider	Benefits Administrator	Producer
<a href="#">Secure Member Account</a>	<a href="#">Secure Provider Account</a>	<a href="#">Benefits Administrator</a>	<a href="#">Producer Login</a>
<a href="#">Secure Member Account (NY)</a>	<a href="#">Secure Provider Account (NY)</a>	<a href="#">Benefits Administrator (NY)</a>	<a href="#">Edge Producer Login</a>
		<a href="#">eServices Agreement</a>	
		<a href="#">eServices Tutorial</a>	
		<a href="#">eServices Registration</a>	

## Benefits Administrator portal

**Ameritas** fulfilling life. home member maintenance resource center contact us Privacy & Security Sign Out

**HOME**



**PLAN DOCUMENTS**  
[View](#) your policy plan documents, certificates, and administration and benefit guides.  
**MEMBER MAINTENANCE**  
[Manage](#) your employee members and access ID Cards.

**REPORTS**  
[Transaction Summary](#) - access detail on recent online transactions

Confirmation Number	Policy	Division	Name	Dependent Coverage	Submitted Date	Status
472879467	088888	1	BATMAN, EDWARD	MEMBER ONLY	05/19/2019	Processed
465536078	088888	1	APRIL, TEST	MEMBER ONLY	04/16/2019	Processed
471634667	088888	3	TESTME, ONLINE	MEMBER ONLY	05/13/2019	Processed

  
[List Members Report](#) - View a list of active and terminated members.  
[Overage Dependent Report](#) - Generate a report for dependents that are overage.

**EXPAND YOUR ONLINE ACCESS!**  
Check out what [eServices](#) offers and complete your [eServices Agreement](#) to update your online access.

# Manage Your Plan

## ► Online services

Using the online services through your benefits administrator portal makes administering your employee benefit plan fast and easy. Once it's set up, get there by visiting [ameritas.com](#), Account Access, Dental/Vision/Hearing, [Benefits Administrator](#).



### **Certificate, policy (eCert)**

- view or print your certificate(s), policy and ID cards
- distribute certificates electronically or post on your benefits intranet
- employees may view and print their own copy of the certificate, giving them direct access to benefit information
- or, benefits administrators can print certificates for employee reference
- see the most current documents for your plan, including updates



### **Enrollment (eEnroll)**

- enroll, change or drop employee coverage in real time
- view employee coverage status including effective dates, dependent coverage levels
- sign up for eEnroll and you're eligible for eBill



### **Billing and EFT (eBill)**

- request your bill online, pay online
- update member, dependent information before paying
- view or print a list billing that shows your detailed adjustments
- access a year of premium information and billing history

## Table of Contents

- Online services
- Eligibility
- Enrollment
- Effective dates
- Drop plan members
- Policy changes
- Section 125 plans
- Monthly plan payments
- Benefits for non-eligibles
- Continuation of benefits
- Claims, member account
- Forms (also online)
- Employee well-being support

## ► Eligibility for plan enrollment

### **Employee eligibility**

Eligibility requirements are defined in your policy under 9070 – Conditions for Insurance Coverage. The eligibility period, also known as the new hire waiting period, begins when the member meets the policy's requirements; for example, working at least 30 hours per week. When the eligibility period is satisfied, the member's coverage becomes effective.

### **Dependent eligibility**

The member's eligible dependents include:

- member's spouse (or domestic partner if this coverage is elected)
- each child under the age defined in your policy (see 9060 – Definitions) who is the member's or member's spouse's legal responsibility, including:
  - natural born children
  - adopted children, eligible from the date of placement for adoption
  - children covered under a Qualified Medical Child Support Order as defined by applicable federal and state laws
- each child who is:
  - a full-time student at an accredited school or college; and
  - primarily dependent on the member or member's spouse for support and maintenance

A divorced spouse is not eligible, but a spouse who is separated from the member is eligible.

### **Over-age child dependents**

Please notify us when child dependents reach the age when they no longer can be considered a dependent. Otherwise, we will not know until a claim is submitted and the claim unfortunately is denied. To avoid this, you can run an over-age dependent report and update dependent coverage as necessary using your online services. In your policy, please review 9060 – Definitions to determine the dependent age limitation for a child and/or full-time student.





Please review your policy for specific eligibility requirements.  
If you have questions, please call us at 800-659-2223.

## ► Enroll plan members, dependents

To add/update/drop member or dependent coverage using your activated online services, visit [ameritas.com](http://ameritas.com), Account Access, Dental/Vision/Hearing, [Benefits Administrator](#). Then sign in to your online portal.

If you have not yet activated your benefits administrator portal and online services, please have the employee fill out an Ameritas enrollment/change/waiver form available in this guide or at [ameritas.com/dental](http://ameritas.com/dental) or [ameritas.com/vision](http://ameritas.com/vision), [Forms](#). We'll keep the original enrollment form, so if you need a copy for your records, please make one before submitting it.

Mail, fax or email enrollment forms to:

**Ameritas Group Administration**

**P.O. Box 82669**

**Lincoln, NE 68501-2669**

**Fax: 402-467-7338**

**Email: [group\\_assistants@ameritas.com](mailto:group_assistants@ameritas.com)**

For dependents, note the following on the form:

- reason for the change
- date the dependent qualified for coverage
- and/or date the dependent coverage should end

**Incomplete information or missing signatures may delay enrollment. In addition, the employee needs to elect coverage within 31 days of becoming eligible to avoid possible late entrant limitations.** Please see 9060 – Definitions in your policy to determine if late entrant provisions apply.

The member's ID card and/or certificate of coverage will be available after the member is enrolled. Once the member's first claim is submitted and paid, members can opt to go paperless and receive their Explanation of Benefits (EOB) statements online. All they need to do is create their secure member account at [ameritas.com](http://ameritas.com), Account Access, Dental/Vision/Hearing, Member, [Secure Member Account](#).

### **Same employer spouse provision**

This applies to a married couple who are both employed by your company and have eligible dependent children. It allows for one spouse to carry the employee coverage and the other spouse to be covered as a dependent along with the children. See 9070 – Conditions for Insurance Coverage in your policy to determine if this is included in your plan.

### **Total disability**

This describes a dependent who is continuously incapable of self-sustaining employment because of mental or physical handicap and chiefly dependent upon the member for support and maintenance.

### **Dependent exceptions**

We may make exceptions for dependents who are not natural born, adopted or stepchildren of the member, but who do meet the dependent age requirement in your policy under 9060 – Definitions. Exceptions may include when the:

- member has legal guardianship of the dependent
- dependent is covered by the member's medical carrier
- member legally claims the dependent at tax time

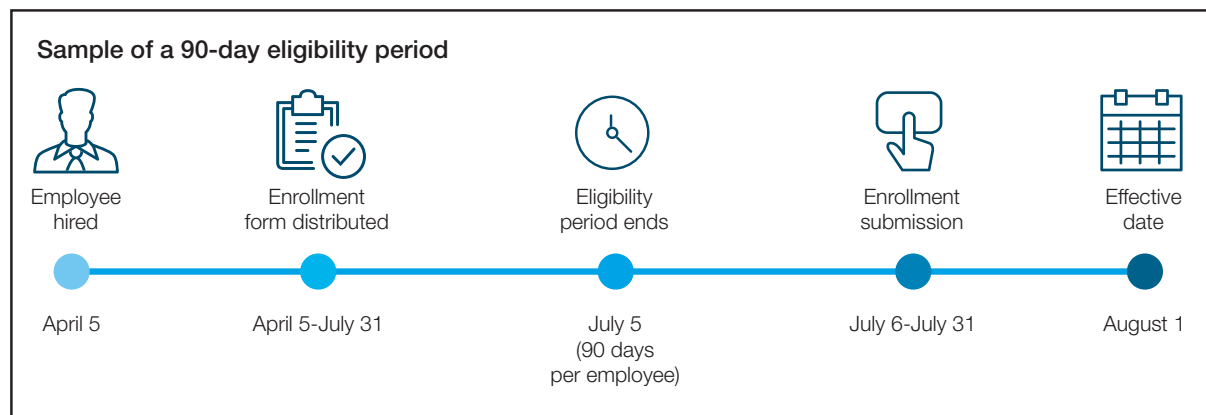
## ► Effective dates

The effective date for members and their covered dependents is based on the following. The eligibility period also is known as the new hire waiting period. Please note, some policies do not allow employees to waive coverage for themselves or their dependents.

If the enrollment form is signed	The member's effective date is*
on or before the eligibility period is satisfied	the date the eligibility period is satisfied
within 31 days after the eligibility period is satisfied	the date the enrollment form is signed
over 31 days after the eligibility period is satisfied	the date the enrollment form is signed**

\*Some policies are written with first-of-the-month effective dates. Coverage for these policies becomes effective on the first of the month following the date the member becomes eligible.

\*\*Check your policy to see if late entrant limitations apply.



### Exceptions

If employment is the basis for plan participation, an employee needs to be in active service on the date the insurance, or any increase in insurance, takes effect. Otherwise, the insurance will not take effect until the day the employee returns to full-time active service.

### Reinstatement or rehires

If employment is the basis for plan participation, a member whose eligibility terminates and is re-established may need to complete a new eligibility period. However, if the person is rehired within 12 months from the original termination date, there's no waiting period. On the enrollment/change form, include the date of rehire after the Rehire check box.

## ► Drop plan members, dependents

To add/update/drop member or dependent coverage using your activated online services, visit [ameritas.com](http://ameritas.com), Account Access, Dental/Vision/Hearing, [Benefits Administrator](#). Then sign in to your online portal.

Outside of your benefits administrator portal, you can:

- list terminated members on page 1 of the premium statement, and note the last day worked
- draw a line under the member's name on the itemized listing, and note the last day worked
- call our administration and billing department toll free at 800-659-2223
- complete an enrollment form, note the last day worked, and mail or fax it to Ameritas Group Administration

Please note that coverage ends on the date the member ceases to be an eligible member, unless your group policy contains an end-of-month provision. The member's termination date excludes accrued vacation time or similar benefits. There's no refund when termination occurs in the middle of a policy month, so the premium should be paid for the full month.

**Be sure to report member terminations as quickly as possible. Without current member eligibility information, we may inadvertently pay claims for expenses incurred after the member or dependent's termination date. If this happens, we may require additional premium from your company to cover it. Please refer to your policy under 9050 – Simplified Accounting for more information.**

Some members may be eligible for a continuation of coverage through COBRA. Or, you can offer them our individual dental or vision plans. Please see the information in this guide.

## ► Policy changes

Policy changes you may need to make include:

- company name change
- eligibility period change
- number of weekly work hours members need to qualify for coverage
- adding additional Ameritas benefits, such as dental, vision, LASIK or hearing

To make policy changes, please inform your Ameritas representative or your benefits broker, and send us a letter outlining your request. Some updates may require additional underwriting and impact your rates.

In your letter:

- outline your desired plan change
- include your requested effective date
- submit it in writing on your company letterhead
- make sure the letter is signed by a person authorized to represent your company
- mail, fax or email your letter to Ameritas Group Administration

## ► Section 125 Plans

**Details about Section 125 requirements can be found under IRS 26 U.S. Code § 125 and supporting treasury regulations. Please consult your tax advisor for more information and advice regarding “cafeteria plans.”**

Section 125 of the IRS code allows employees to purchase benefits on a pre-tax basis. These plans are sometimes referred to as cafeteria plans. The premium usually is paid by the employee, although the employer may contribute to the premium. Section 125 plans have an annual election period each year for employees to elect the benefits they want for the coming plan year.

### **Eligibility for plan enrollment**

Section 125 plan enrollment or termination is allowed only:

- when a new hire’s eligibility period is satisfied
- during the annual election period
- when a member experiences a life event such as marriage, divorce, death, birth or adoption, termination of employment

Please note, the annual election period is not an open enrollment. Applicable late entrant penalties would apply based on your policy. The plan year is any 12-month period selected by the employer. Calendar year is the most common.

### **Family status change**

Qualifying life events allow an employee to make mid-plan-year changes outside of the annual election period. Examples include marriage, divorce, birth of a child, death of a spouse or child, and spouse’s termination of employment.

### **Annual election period**

If an employee does not elect to participate when initially eligible, the employee may elect to participate at the next annual election period. A member also may elect to cancel coverage or reinstate coverage that was canceled during a previous election period. Applicable late entrant limitations would apply to members or dependents who previously waived or canceled coverage. The election period selected is in your policy under 9070 – Conditions for Insurance.

### **Late entrant provision**

A late entrant is an employee or dependent who does not enroll within 31 days of becoming eligible or who reinstates coverage after canceling. The benefits available would be limited for the amount of time outlined in your policy under 9219 – Limitations. In addition, the premium must be paid during this period and cannot be paid in one lump sum. Check your policy to verify if late entrant limitations apply.

### **Elect/change/drop members, dependents**

With Section 125 plans, employees and their dependents who do not elect coverage within 31 days of becoming eligible cannot enroll until the next annual election period and may be subject to late entrant limitations. Please review the 9219 – Limitations, and 9060 – Definitions, in your policy to determine if late entrant limitations apply.

Members can elect/change/drop coverage ONLY:

- within 31 days of the date the employee first becomes eligible, loses eligibility elsewhere, or experiences a qualifying life event
- during the annual election period

If the member drops coverage for reasons other than termination of employment, the change needs to be reported.



## ► Monthly plan payments

Premium payments are due by the first day of the coverage period. If you do not receive your billing statement by the first of the current month, please contact us at 800-659-2223.

Late payments received after the last day of the billing cycle may result in termination of coverage and claims processing for your members. Please refer to 9050 – Premiums, and 9323 – Grace Period, in your policy.

### Pay by check

Please include the first page of your billing statement along with a check payable to Ameritas Life Insurance Corp. If you made enrollment adjustments, please show how you calculated your payment.

Mail your statement's first page, check and adjustment calculations to:

**Ameritas Life Insurance Corp.**

**P.O. Box 650730**

**Dallas, TX 75265-0730**

### Pay by phone

Some groups may qualify to use a pay-by-phone option using a check, debit or credit card. Please contact us at 800-659-2223 for more information.

### Pay online

You may use Electronic Funds Transfer (EFT) even if you have not yet activated your benefits administrator portal's online services. Once set up, your EFT payment will be paid automatically, withdrawing the total premium amount due each month.

### Sign up for EFT

- Access the EFT form using your activated online services. The form also is in this guide.
- Provide a copy of a voided check from the bank account you'll be using.
- Mail both items to: Ameritas Group Administration, P.O. Box 82669, Lincoln, NE 68501-2669

### Premium calculation

The amount due appears on the first page of your billing statement and is determined as follows.

+/-	Credit or balance forward
-	Payment received
+	Current month's premium due for active members
+/-	Retroactive credit and/or debit adjustments reflecting enrollment updates
=	Total amount due/check amount

### Member termination adjustments

Please note, your premium will not be prorated for members who terminate between premium due dates. However, for retroactive terminations, from the date you notify us, you may qualify for a refund of unearned premium credit from the most current statement.



## ► Benefits for non-eligible workers

If you have employees who are not eligible to join your group benefits plan, you can offer them Ameritas dental and vision individual plans. The member would pay the premiums and work directly with Ameritas. To see what's available, visit [ameritas.com/dental](https://ameritas.com/dental) and click on [Individual Dental, Vision Plans](#). Then contact your Ameritas sales representative or benefits broker to see if there's an individual plan shopping link you can share with workers not eligible for your group benefits plan.

Offer our individual dental and vision benefits to child dependents reaching the dependent age limitation, contracted or seasonal workers, part-time employees, retirees, employees impacted by layoffs, non-covered family members and employees leaving the company.

## ► COBRA continuation of group benefits

**THIS INFORMATION REGARDING CONTINUATION AND COBRA IS PROVIDED FOR YOUR INFORMATION ONLY AND IS NOT LEGAL ADVICE. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING WHETHER YOUR HEALTH PLAN IS SUBJECT TO COBRA CONTINUATION REQUIREMENTS, OR ANY OTHER QUESTIONS CONCERNING COBRA, SEEK THE ADVICE OF LEGAL COUNSEL. In circumstances where a member may elect COBRA, please submit the member's last day worked in the same manner as all other terminations. Once the member has elected COBRA, follow the steps below to reinstate the member retroactive to their termination date.**

### COBRA enrollment

To enroll a former member or covered dependent for continuation coverage under COBRA, please notify us by filling out an enrollment/change/waiver form and filling in the COBRA box near the top of the form. People choosing COBRA continuation have 60 days to elect the coverage.

When a member elects COBRA continuation of group benefits, you can reinstate that member retroactively to their termination date. Any claims that were denied during the termination period can be reconsidered as long as the provider or member calls us at 800-487-5553 and lets us know which claims require reconsideration.

### COBRA coverage will end:

- at the end of 18 months for employee members\*
- at the end of 36 months for dependents, unless otherwise noted

Example: A terminated employee is eligible for a maximum of 18 months of COBRA coverage. A dependent spouse who loses coverage due to divorce can elect up to 36 months of coverage.

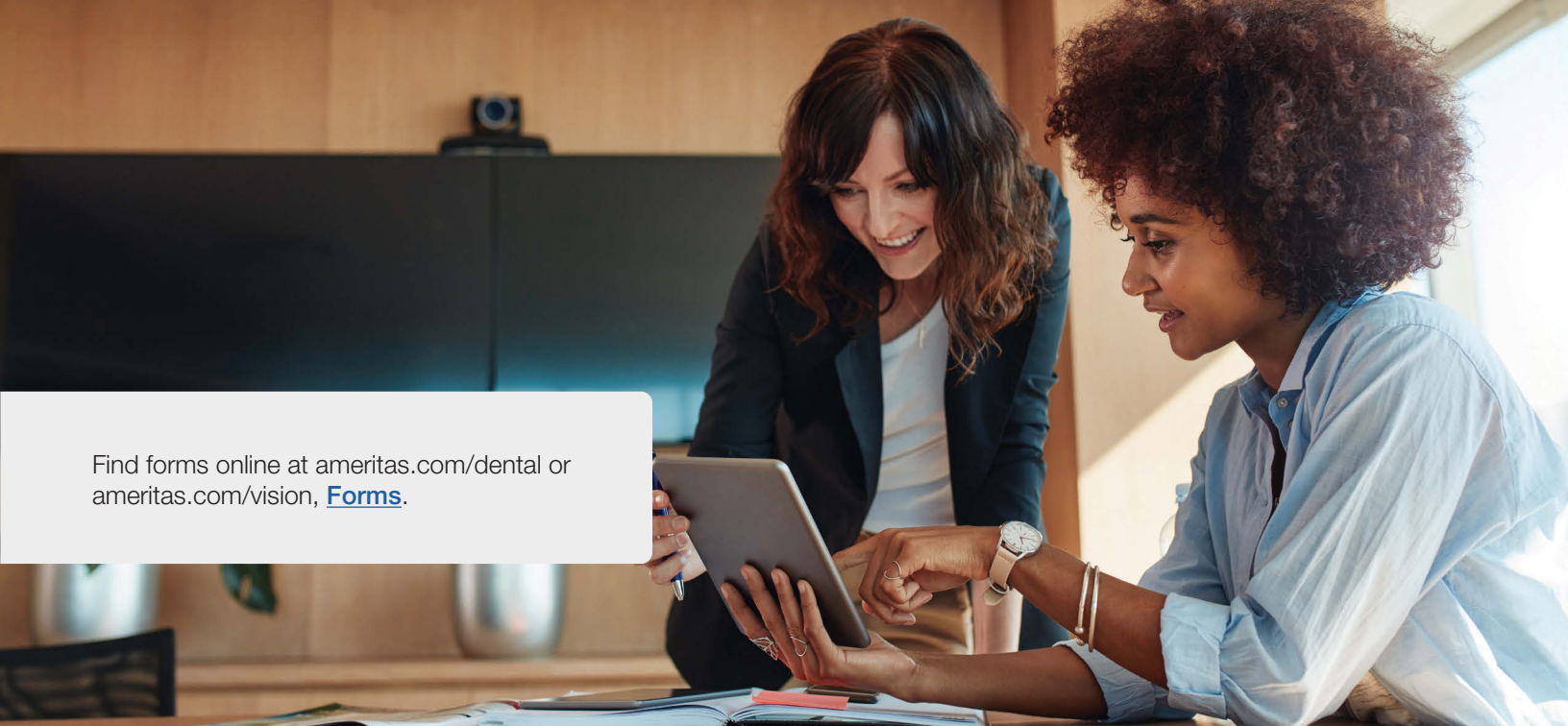
### In addition, you must notify us if the person:

- has coverage for 18 months; notify us at the end of 18 months for an employee\*
- has dependents; notify us at the end of 36 months for dependents (except as noted above)
- does not pay the premium
- becomes eligible for Medicare benefits
- remarries and becomes covered under another plan
- terminates COBRA coverage; then submit the termination in writing to discontinue COBRA coverage; please note that people who terminate COBRA coverage may not be reinstated

The Consolidated Omnibus Budget Reconciliation Act, or COBRA, became law on July 1, 1986. In general, the law requires a policyholder who employs 20 or more people to provide continuation of health care benefits to employees who lose their coverage due to a qualifying event. This includes being laid off, terminated, retired or fired for reasons other than gross misconduct. The law also allows continuation of benefits for dependents who lose coverage due to death of the member or divorce. Some states have insurance continuation legislation. These state laws, if applicable, would run concurrently with COBRA.

COBRA members can add/update/drop dependent coverage, but the coverage is limited to the continuation period. COBRA members are responsible for paying their premiums, and it's important to know that we cannot accept personal checks from the member. The amount charged is based on the same rates charged for active/retired employees and their dependents. You may add 2 percent of the premium to the rate charged and retain that 2 percent fee to cover your administrative expenses. You would be responsible for collecting the member's COBRA premium and including it with your regular premium payment.

\* An employee who is disabled according to Social Security rules may be eligible for up to an additional 11 months.



Find forms online at [ameritas.com/dental](https://ameritas.com/dental) or [ameritas.com/vision](https://ameritas.com/vision), [Forms](#).

## ► Claims, member account

Help your employees submit claims, and promote our secure member account portal where they can access all of their plan information. Members can create an account at [ameritas.com](https://ameritas.com), Account Access, Dental/Vision/Hearing, Member, [Secure Member Account](#).



### Dental claims

Typically the dental provider will submit the member's claim. If the member submits the dental claim form and wants payment made directly to the dental provider, the member can sign the authorization on the form. For a pre-treatment estimate of what the plan will pay, the dental provider can select the pre-treatment estimate checkbox on the dental claim form and submit it before the dental work begins.



### Vision claims

You may have an Ameritas vision plan with VSP or EyeMed network provider coverage. Or a no-network vision plan. VSP or EyeMed network providers typically submit the member's claim. However, if the member goes outside of the VSP or EyeMed network, there is an out-of-network claim form to complete. With our Vision Perfect no-network vision plans, members will need to submit an Ameritas vision claim form and include the provider's itemized bill for reimbursement up to the plan benefit.



### Hearing claims

To submit a hearing claim, the hearing provider or member will need to complete our SoundCare® claim form. For more information, call our dedicated toll-free number for SoundCare at 877-359-8346.



### Outside the U.S.

When members travel abroad and find themselves in need of a dental or vision provider, they can call AXA Assistance toll free at 866-662-2731 or collect at 1-312-935-3727. Please note these are not Ameritas providers, and referral to an AXA provider is not a guarantee of benefits. All policy provisions and limitations would apply.



### Secure member account

Members may create their secure member account at [ameritas.com](https://ameritas.com), Account Access, Dental/Vision/Hearing, Member, [Secure Member Account](#). For full access, members will need their first Explanation of Benefits statement from their first paid claim. Once created, members have access to their:

- ID cards
- savings cards for prescriptions and eyewear, if applicable
- iHear hearing aid device discount
- benefits summary and certificate of coverage
- claims status and remaining benefits
- Explanation of Benefits (EOB) – They can elect to go paperless
- Dental Cost Estimator (dental plans)



# Forms

You are welcome to download forms from [ameritas.com/dental](https://ameritas.com/dental) or [ameritas.com/vision](https://ameritas.com/vision), [Forms](#). Or use the printed forms that follow.

- GLB Privacy Notice – Post or distribute to plan participants ([English](#), [Spanish](#) versions available online under [Privacy](#))
- Enrollment/change/waiver form – [Dental, Vision/Eye Care](#)
- Enrollment/change/waiver form – [Dental](#)
- Enrollment/change/waiver form – [Vision/EyeCare](#)
- State-specific enrollment/change/waiver forms available online under [Forms](#)
- EFT authorization form (available through your [secure benefits administrator](#) portal)

If you have questions or need assistance, please call our administration experts at 800-659-2223.



# Important Notice of Privacy of Information Practices

This Privacy Notice is provided on behalf of the group and individual dental, vision and hearing care businesses of Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York.

## our commitment to your privacy

We value your trust. That is why we are committed to protecting your personal information. This notice explains the way we use and protect your personal information. You do not need to take any action, but you do have certain rights that are described in this notice.

### Ameritas

In addition to Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York, Ameritas consists of the following affiliated companies:

- Ameritas Investment Company, LLC
- Ameritas Advisory Services, LLC
- Variable Contract Agency, LLC
- Ameritas Investment Partners, Inc.

### Information we collect

We collect information about you for the purpose of conducting routine business functions, such as paying your dental, vision and hearing care claims. Following are examples of the types of customer information we may collect about you:

- **Personal identification and contact information**, such as your:
  - Name and address,
  - Social Security number and
  - Date of birth.
- **Group enrollment information (as applicable)**, such as your:
  - Employment status and
  - Date of hire.
- **Health information**, such as the claims information you or your dental, vision or hearing care provider submit to us so we can process your claims and assess your benefits.

### How we gather your personal information

Most of the information we collect about you comes directly from you. You give us personal information

when you purchase an individual policy or when you enroll in your employer's dental, vision and/or hearing care plan. We also may receive information from:

- Your dental, vision and/or hearing care provider,
- Governmental agencies and
- Independent reporting agencies.

Information collected by us from insurance support organizations, such as independent reporting agencies, is maintained by that insurance support organization and may be disclosed to other persons.

### How we use and share your personal information

We do not sell or share your information with outside marketers. However, we may share your information outside of Ameritas for the following reasons:

- **Service Providers.** We may share information about you with service providers. Service providers are unrelated companies who perform business transactions for us. We require service providers to keep your information confidential. We prohibit them from using your information for their own purposes or re-disclosing it to anyone. Disclosures to service providers are part of our business operations. You may not opt out of these disclosures.
- **Required by law.** Sometimes the law requires us to share customer information, such as in response to a valid summons, court order, search warrant or subpoena. We must comply with the law and therefore you may not opt out of these disclosures.
- **Agents and brokers.** We may share your information with your agent or broker so he or she may provide you with efficient and superior service. Our agents and brokers understand the importance of your privacy and they are required by law to maintain your privacy and safeguard your information. We require our agents and brokers to follow our policies in order to keep your personal information private and secure. You may not opt out of these disclosures.



## Health or medical information

We will not release your medical or health information to anyone unless we are permitted or required by law to do so. When we are not permitted or required by law to disclose your health or medical information, we will not do so without your written authorization.

Examples:

- **Permitted by law:** The law permits us to exchange information with your health care provider in order to process your claims and facilitate payment.
- **Required by law:** The law requires us to disclose your information under a valid court order.

## Your rights

This notice is also available on our website. You may request an additional copy by writing, e-mailing or calling the Ameritas Privacy Office as indicated at the end of this notice.

You have the right to review the information we have about you. You must make this request in writing and include your full name, address and policy or account number. We may charge you a reasonable fee for the copies you request.

You have the right to request that we make corrections to the information we maintain about you if you believe our records are incorrect. All requests must be in writing.

## We safeguard your personal information

We maintain physical and electronic safeguards for the protection of your personal information. We restrict access of your information to our employees and agents who need it to perform their jobs. Our employees and agents understand the importance of these safeguards. We have trained them in the proper handling of your personal information.

## Former customers' personal information

The policies and practices described in this notice apply equally to current and former customers. When you are no longer a customer, we will maintain your information for the period of time required by law and then it is destroyed. As a former customer, however, you will not receive our annual Privacy Notice.

## Our privacy policies

This Privacy Notice summarizes the Official Privacy Policy of Ameritas identified on the first page of this notice, which became effective on January 1, 2006. This notice complies with all applicable laws and regulations. If your state's privacy law requires more restrictive practices than those described in this notice, we will apply the more restrictive practices to your information. We may make changes to our privacy policies from time to time. However, if we make a change that impacts the accuracy of the sharing practices that are explained in this notice, we will provide you with a revised Privacy Notice within 30 days.

### Special note to our group and individual dental, vision and hearing care plan sponsors and participants:

Our group and individual dental, vision and hearing care plans must also comply with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Our Notice of Protected Health Information Practices more specifically describes our privacy policies with regard to your information. You may contact our Privacy Office to request an additional copy.

**Ameritas Privacy Office**  
**P.O. Box 81889**  
**Lincoln, NE 68501-1889**  
**1-888-284-7844**  
**[privacy@ameritas.com](mailto:privacy@ameritas.com)**



## notificación importante sobre prácticas de privacidad de la información

Esta notificación se brinda en representación de las divisiones grupal e individual para la atención dental oftalmológica y de la audición de Ameritas Life Insurance Corp. y Ameritas Life Insurance Corp. of New York.

# nuestro compromiso de privacidad con usted

Valoramos su confianza. Es por eso que nos comprometemos a proteger su información personal. Esta notificación explica cómo utilizamos y protegemos su información personal. No necesita tomar ningún tipo de medida, pero sí le corresponden ciertos derechos que se describen en la presente notificación.

### Ameritas

Además de Ameritas Life Insurance Corp. y Ameritas Life Insurance Corp. of New York, Ameritas están formadas por las siguientes compañías afiliadas:

- Ameritas Investment Company, LLC
- Ameritas Advisory Services, LLC
- Variable Contract Agency, LLC
- Ameritas Investment Partners, Inc.

### Qué información recolectamos

Recolectamos información acerca de usted con el fin de llevar a cabo funciones comerciales de rutina, tales como pagar sus reclamos de atención dental, oftalmológica y de la audición. Los siguientes son ejemplos de los tipos de información de clientes que podemos recolectar sobre usted:

- **Información de identificación personal y de contacto**, tal como su:
  - Nombre y dirección
  - Número de seguro social
  - Fecha de nacimiento
- **Información de inscripción grupal (si así aplica)**, tal como su:
  - Condición laboral
  - Fecha de contratación
- **Información médica como por ejemplo** la información de reclamos que usted o su proveedor de atención dental, oftalmológica y de la audición presentan ante nosotros para que podamos procesar dichos reclamos y determinar los beneficios.

### Cómo reunimos su información personal

La mayor parte de la información que recolectamos sobre usted proviene directamente de usted mismo. Usted nos provee información personal cuando adquiere una póliza individual o cuando se inscribe en el plan de atención dental, oftalmológica y de la audición de su empleador. También podemos recibir información de:

- Su proveedor de atención dental, oftalmológica y/o de la audición
- Agencias gubernamentales
- Agencias de informes independientes

La información que recolectamos por parte de organizaciones de asistencia para aseguradoras, tales como agencias independientes de datos, es administrada por dichas organizaciones y puede que sea compartida con otras personas.

### Cómo utilizamos y compartimos su información personal

No vendemos ni compartimos su información con comerciantes externos. Sin embargo, es posible que compartamos su información fuera de Ameritas por las siguientes razones:

- **Proveedores de servicios.** Podemos compartir su información con proveedores de servicios. Los proveedores de servicios son compañías no relacionadas que llevan a cabo transacciones comerciales para nosotros. Requerimos que los proveedores de servicios mantengan la confidencialidad de su información. Les prohibimos que utilicen su información con fines propios o que la vuelvan a divulgar. Las divulgaciones a los proveedores de servicios son parte de nuestras operaciones comerciales. No puede optar por que no se realicen estas divulgaciones.
- **Exigido por ley.** En ocasiones la ley nos exige que compartamos la información de los clientes por ejemplo, en respuesta a una citación, orden judicial, orden de allanamiento u orden de



comparecencia válida. Debemos cumplir con la ley y por ende usted no puede optar para que no se realicen dichas divulgaciones.

- **Agentes e intermediarios.** Podemos compartir la información con su agente o intermediario a fin de que pueda brindarle el mejor y más eficiente servicio. Sus agentes e intermediarios comprenden la importancia de su privacidad y la ley les exige que mantengan y resguarden su información. Nosotros exigimos que nuestros agentes e intermediarios cumplan con nuestras políticas para que su información personal permanezca privada y segura. No puede optar por que no se realicen estas divulgaciones.

### **Información médica o de salud.**

No revelaremos su información médica o de salud a nadie a menos que la ley nos permita o nos exija hacerlo. Cuando la ley no nos permite ni exige que divulguemos su información médica o de salud, no lo haremos sin su autorización por escrito.

Ejemplos:

- **Permitido por ley:** La ley nos permite intercambiar información con su proveedor de atención médica para procesar sus reclamos y facilitar el pago.
- **Exigido por ley:** La ley nos exige que divulguemos su información mediante una orden judicial válida.

### **Sus derechos**

Esta notificación también se encuentra disponible en nuestro sitio Web. Puede solicitar una copia adicional por escrito, por correo electrónico o por teléfono a Ameritas según se indica al final de la presente notificación.

Tiene derecho a revisar la información que poseemos sobre usted. Debe realizar esta solicitud por escrito e incluir su nombre completo, dirección y número de póliza o cuenta. Es posible que le cobremos un cargo razonable por las copias que solicite.

Tiene derecho a solicitar que realicemos correcciones a la información que conservamos sobre usted si considera que nuestros registros son incorrectos. Todas las solicitudes deben ser por escrito.

### **Protegemos su información personal**

Poseemos medidas de seguridad electrónicas y físicas para la protección de su información personal. Restringimos el acceso a su información a los empleados y agentes que necesitan de ella para

realizar sus trabajos. Nuestros empleados y agentes comprenden la importancia de estas medidas de seguridad. Los hemos capacitado para que manejen su información personal correctamente.

### **Información personal de nuestros ex clientes**

Las políticas y prácticas descritas en esta notificación se aplican por igual a clientes actuales y ex-clientes. Cuando usted deje de ser cliente, conservaremos su información por el período de tiempo exigido por ley y luego la destruiremos. Sin embargo, por ser ex cliente, usted no recibirá nuestra notificación de privacidad anual.

### **Nuestras políticas de privacidad**

Esta notificación de privacidad resume la política de privacidad oficial de Ameritas que se identifican en la primera página de la presente, cuya vigencia comenzó el 1 de enero de 2006. Esta notificación cumple con todas las leyes y reglamentaciones vigentes. Si la ley de privacidad de su estado exige prácticas más restrictivas que las descritas en la presente notificación, aplicaremos las prácticas más restrictivas a su información. Podemos realizar cambios a nuestras políticas de privacidad periódicamente. Sin embargo, si realizamos algún cambio que afecte la exactitud de las prácticas para compartir información que se explican en esta notificación, le enviaremos una notificación de privacidad revisada dentro de treinta días.

### **Notificación especial para los patrocinadores y participantes de nuestro plan dental, oftalmológico y de audición:**

Nuestros planes dentales, oftalmológicos y de audición deben cumplir también con los requisitos de privacidad de la Ley de Responsabilidad y Portabilidad del Seguro Médico (HIPAA) y de la Ley de Tecnologías de la Información Médica para una Salud Clínica Rentable (HITECH). Nuestra notificación de prácticas de información médica protegida describe más específicamente nuestras políticas de privacidad con respecto a su información. Puede comunicarse con nuestra oficina de privacidad para solicitar una copia adicional.

**Ameritas Privacy Office**  
**P.O. Box 81889**  
**Lincoln, NE 68501-1889**  
**1-888-284-7844**  
**privacy@ameritas.com**

# 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



Policy and Div. # <b>010-</b> _____ Cert. # _____	<b>COBRA:</b> If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
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Name and Address of Employer (Policyholder) \_\_\_\_\_

**1 to enroll** ☐ Dental ☐ Eye Care ☐ To terminate all coverages

## Employee Information

Marital Status ☐ Single ☐ Married ☐ Civil Union\* ☐ Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_ ☐ Male ☐ Female Full time date of hire \_\_\_\_\_ ☐ Rehire: Rehire date \_\_\_\_\_

Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid: ☐ Hourly or ☐ Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **dental** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

Are you covered under another **eye care** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

## Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>

## Please Sign (employee/policyholder) The certificate provides dental and eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. **THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:** I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Employee Signature (do not print) Date Policyholder Signature (do not print) Date

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. (State-specific statements on back.)

Employee late entrant date _____	Effective Date _____	Class _____	Dep. Code _____
Dependent late entrant date _____			

## 2 to change

☐ **Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_

☐ **Add Dependent Coverage**

☐ If due to marriage, what is the date of marriage? \_\_\_\_\_ ☐ If due to birth/adoption, what is the date of event? \_\_\_\_\_

☐ If due to loss of coverage, date and reason: \_\_\_\_\_

☐ If other, the date of event and please explain: \_\_\_\_\_

☐ **Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_

☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent

☐ Other (please explain) \_\_\_\_\_

## 3 to waive IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

☐ myself (does not apply to TRUST policies) ☐ spouse/domestic partner ☐ child(ren) only ☐ spouse/domestic partner and child(ren)

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.



**Note for California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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, 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 Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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 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:** 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. **This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**

**Note for 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.

# 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



Policy and Div. # <b>010-</b> _____ Cert. # _____	<b>COBRA:</b> If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
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Name and Address of Employer (Policyholder) \_\_\_\_\_

## 1 to enroll ☐ Dental ☐ To terminate all coverages

### Employee Information

Marital Status ☐ Single ☐ Married ☐ Civil Union\* ☐ Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_ ☐ Male ☐ Female Full time date of hire \_\_\_\_\_ ☐ Rehire: Rehire date \_\_\_\_\_

Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid: ☐ Hourly or ☐ Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **dental** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

### Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

### Please Sign (employee/policyholder) The certificate provides dental benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Employee Signature (do not print) Date Policyholder Signature (do not print) Date

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. (State-specific statements on back.)

Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

## 2 to change

☐ **Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_

☐ **Add Dependent Coverage**

☐ If due to marriage, what is the date of marriage? \_\_\_\_\_ ☐ If due to birth/adoption, what is the date of event? \_\_\_\_\_

☐ If due to loss of coverage, date and reason: \_\_\_\_\_

☐ If other, the date of event and please explain: \_\_\_\_\_

☐ **Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_

☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent

☐ Other (please explain) \_\_\_\_\_

## 3 to waive

IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

☐ **myself** (does not apply to TRUST policies) ☐ **spouse/domestic partner** ☐ **child(ren) only** ☐ **spouse/domestic partner and child(ren)**

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

**Note for California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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**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, 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 Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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 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:** 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. **This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does not satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**

**Note for 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.

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- 3) write on the top or bottom margins. This information is not always captured on the image system.



# 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



Policy and Div. # <b>010-</b> _____ Cert. # _____	<b>COBRA:</b> If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
--	---	------------------------	---------------------

Name and Address of Employer (Policyholder) \_\_\_\_\_

## 1 to enroll ☐ Eye Care ☐ To terminate all coverages

### Employee Information

Marital Status ☐ Single ☐ Married ☐ Civil Union\* ☐ Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_ ☐ Male ☐ Female Full time date of hire \_\_\_\_\_ ☐ Rehire: Rehire date \_\_\_\_\_

Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid: ☐ Hourly or ☐ Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **eye care** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No

### Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

### Please Sign (employee/policyholder) The certificate provides eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Employee Signature (do not print) Date Policyholder Signature (do not print) Date

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. (State-specific statements on back.)

Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

## 2 to change

☐ **Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_

☐ **Add Dependent Coverage**

☐ If due to marriage, what is the date of marriage? \_\_\_\_\_ ☐ If due to birth/adoption, what is the date of event? \_\_\_\_\_

☐ If due to loss of coverage, date and reason: \_\_\_\_\_

☐ If other, the date of event and please explain: \_\_\_\_\_

☐ **Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_

☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent

☐ Other (please explain) \_\_\_\_\_

## 3 to waive IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

☐ **myself** (does not apply to TRUST policies) ☐ **spouse/domestic partner** ☐ **child(ren) only** ☐ **spouse/domestic partner and child(ren)**

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

**Note for California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

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# EFT Form

## Electronic Funds Transfer Authorization



Ameritas Life Insurance Corp. P.O. Box 82669 / Lincoln, NE 68501 / 800-659-2223 / Fax: 402-467-7332

### Request and Authorization for Bank Payment Plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

**Online:** Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, [ameritas.com](http://ameritas.com), sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

**Mail:** Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

### Authorized Agreement for Prearranged Payments (Debits)

Group Policy #: **010-** \_\_\_\_\_ Phone #: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Policyholder Contact: \_\_\_\_\_

- ☐ New Authorization    ☐ Change of Account  
☐ Checking Account    ☐ Savings Account

I hereby authorize Ameritas to initiate debit entries to the account number listed below, and at the bank named below, herein called BANK, to debit the same to such account. The EFT draft will be monthly or quarterly, whichever payment option was selected, on or about the first day of the coverage period.

Bank Account Number: \_\_\_\_\_ Bank Routing Number (*9 digits*): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number of Financial Institution: \_\_\_\_\_

### To ensure a timely and effective setup, it is preferred that you send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first. Completion of this request will be 10 or 15 business days after receipt. Please continue to remit payment until you are notified.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title of Authorized Signer

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Tax ID#

**Please keep a copy of this form for your records.**





# Dental Well-being

You are welcome to share well-being content from [ameritasinsight.com](https://ameritasinsight.com) with your employees. Include the link on your company intranet as one of your wellness resources. Here are five article excerpts that relate to individuals' dental health.

## [3 ways preventive dental care benefits employers and employees](#)

Employees often don't understand the value of preventive dental care, reports the Society for Human Resource Management (SHRM). As younger employees join the workforce, it's a good time to educate them about the value of preventive dental care, and also remind current workers to schedule yearly or semi-yearly exams.

## [4 things that happen if you avoid the dentist](#)

Many people believe good oral care means they only need to brush their teeth once or twice each day, and floss once daily. While these are important actions, it's also necessary to schedule regular dental appointments for a checkup and professional teeth cleaning.

## [5 tips for choosing the right dentist](#)

Do you need to find a new dentist? Maybe you've moved, switched jobs or just want to make a change. There are many dental office choices, so it can take time to find one that fits your needs. Don't wait until you have oral pain to pick a dentist.

## [7 things you can do to prevent tooth decay](#)

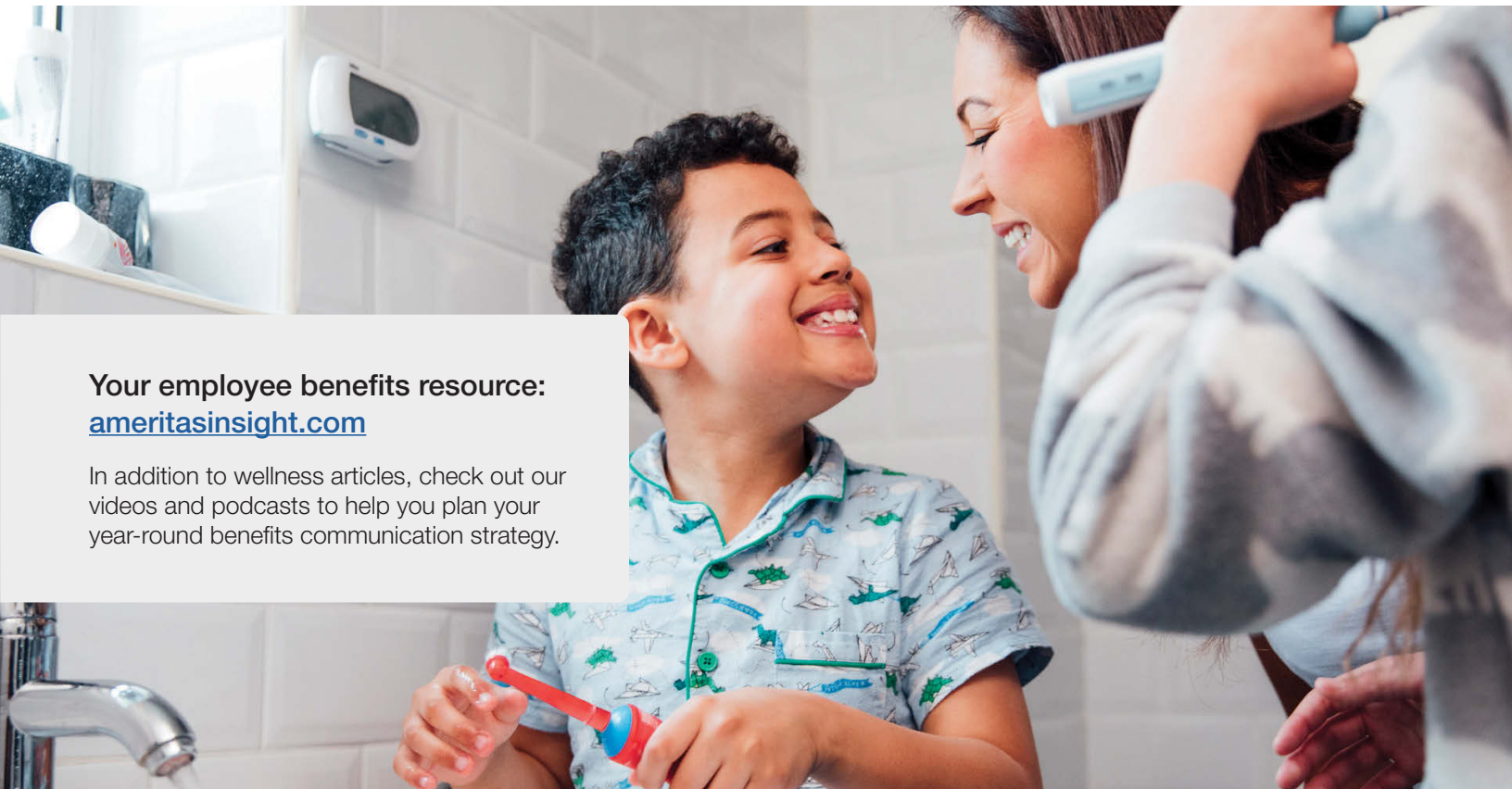
If you've had a cavity in a permanent tooth, you're not alone. Over 90 percent of adults ages 20 to 64 have or have had decay caused by bacteria. After age 65, nearly 96 percent of people have or have had dental cavities. Fortunately, it's possible for you to avoid them.

## [Can baking soda be used to brush and whiten teeth?](#)

Baking soda is considered a miracle product. Originally developed in 1843, baking soda, also known as sodium bicarbonate, is a reliable cleaning agent, deodorizer, baking ingredient and home health remedy. But many people wonder whether they can safely use baking soda to brush or whiten their teeth.

**Your employee benefits resource:**  
[ameritasinsight.com](https://ameritasinsight.com)

In addition to wellness articles, check out our videos and podcasts to help you plan your year-round benefits communication strategy.



# Vision Well-being

Here are five article excerpts that support and encourage good vision for your employees and their loved ones. You are welcome to share the [ameritasinsight.com](https://ameritasinsight.com) link with your employees as one of your wellness resources.

## [3 reasons why eye exams are important](#)

People who enjoy excellent vision often wonder whether they really need to schedule an eye exam. But an eye exam is just as much about checking the healthiness of your eyes as it is evaluating how well you can see.

## [4 ways to ensure kids have good vision health for school](#)

Parents and caregivers want their kids to succeed in school. They provide backpacks, new school clothes and shoes, and schedule after-school programs. However, often parents and caregivers overlook one thing that directly impacts kids' learning and behavior: their vision. Eye doctors report that one in four children has undiagnosed eye problems.

## [6 things to know about kids' screen time and vision problems](#)


Kids are complaining of problems with eyestrain, dry eyes, blurry vision and nearsightedness, reports the American Academy of Ophthalmology. Eye doctors believe the cause relates to too much screen time and close-up work.

## [7 ways to keep your eyes healthy](#)

Most people don't think about the value of their eyes until their sight is diminished or permanently impaired. It's not too late to start taking care of your vision.

## [Do digital devices cause vision problems?](#)

How many hours do you spend each day staring at digital devices? Researchers at the Weill Cornell Medical College in New York report that Americans are exhausting their eyes because of too much screen time, which can cause vision problems.



Employees are happier and more productive when they know how to use their benefits to maintain overall health.



# Hearing Well-being

If hearing well is important to your company's success, share content like this with your employees to educate them about the importance of hearing and how to protect it. Here are five article excerpts from [ameritasinsight.com](https://ameritasinsight.com).

## [4 ways hearing loss can impact your life](#)

Hearing loss affects Americans of all ages. In fact, over 20 percent, or 48 million people, have some degree of hearing loss. It's estimated that 4 out of 5 people with hearing problems choose to ignore it. But hearing changes have far-reaching effects.

## [5 things to know about kids and hearing loss](#)

Good hearing is important for kids to learn and be safe. If hearing problems develop and go undetected, kids may struggle to grow and adapt to the world around them.

## [6 ways to reduce tinnitus or ringing in your ears](#)


Medical professionals describe tinnitus as a perception of noise in one or both ears, despite no external sound. Currently, there are no cures or prescription drugs available to treat tinnitus, but researchers have identified ways to help alleviate the symptoms.

## [6 tips to prevent hearing impairment](#)

Hearing enriches the world around us and it's easy to take it for granted. Sadly though, by age 50, many people have experienced, or are suffering from, hearing loss.

## [Why stress causes health problems and hearing loss](#)

Americans of every age and demographic group are stressed. Sometimes stress is positive, giving people a boost of adrenaline to handle tough situations. But chronic stress, often caused by worries over finances, work or relationships, can trigger serious health problems, such as hearing loss.



Share our ready-to-use content to build awareness and support benefits usage.



**We help create beautiful smiles, put life into focus and promote good health. We're proud to be part of your benefits program, and we'll make benefits administration easy for you.**



This information is provided by the group division of Ameritas Life Insurance Corp. Please refer to your master policy and certificate(s) for full plan provisions. Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16, dates may vary by state) are issued by Ameritas Life. 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. © 2024 Ameritas Mutual Holding Company.



| Administration 800-659-2223 | Claims and Benefits 800-487-5553 | [ameritas.com/dental](https://ameritas.com/dental)