enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 1-800-628-8889 Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 1-800-628-8889



Policy and Div. # 026-				COBRA: If individua is a continuee:		Qualifying Event		Date of Event			
Name and Address of Employer (Policyholder)						'			'		
1 to enroll □ Dental □ Eye Care											
Employee Information Marital Status	· _	Dom	estic	: Part	ner* *As defined	by state la	w or y	our Group.			
Social Security number											
Employee's last name, first name, MI											
Date of birth	male	F	ull tir	ne da	ate of hire			_ Rehire: R	ehire date _		
Occupation				Hours	s worked each v	veek	A	Are your earnings	s paid: 🔲 H	ourly or \Box] Salaried
Street address											
E-mail address (limit of 60 characters)											
Are you covered under another ${\bf dental}$ insurance plan Are you covered under another ${\bf eye}$ ${\bf care}$ insurance p										nts:	
Dependent Coverage Information List all eligible			_			d. (Emplo	yee m	nust be enrolled to	o cover deper	ndents)	
Print full legal name (last, first. MI)				Care		hin	Sex	Date of birth	Social S	ecurity no.	College student?
				<u> </u>	Helations	ıııp	JUN	Date of birtin	Juciai J	county no.	Student:
1											
2	Ħ										
3			一	一							
5				一							$+ \overline{\Box}$
materials which I have read and understand. I represe The policyholder certifies the date of employment, job) title	, hou	ırs w	orke	d and salary inf	ormation	are c	correct according	to the Policy		
X Employee Signature (do not print)	Da	ıte			X Policyholde	r Signatur	e (do i	not print)		Date	
Any person who knowingly and with intent to defraud containing any materially false information, or concea fraudulent insurance act, which is a crime, and shall claim for each such violation.	any Ils fo	insur r the	ance purp	com	pany or other r of misleading, ir	eason file nformatio	es an In cor	application for in acerning any fact	nsurance or s material the	reto, comm	its a
nployee late entrant date Effect				Date	(Class Dep. Code		Dep. Code			
	Dependent late entrant date										
12 to change ☐ Name Change New Name						Old	Nam	le			
Add Dependent Coverage If due to marriage, what is the date of marriage											
$\hfill\Box$ If due to loss of coverage, date and reason: _											
$\hfill \square$ If other, the date of event and please explain	:										
□ Drop Dependent Coverage Number of de□ Due to divorce □ Due to death □ Due□ Other (please explain)	to a	nnual	elec	tion	period 🗌 Ex	ceeds ma	aximu	ım age to qualify	as depender	nt	
to waive IF YOU DO NOT WANT COVERAGE, C EMPLOYER. I have been given an opportunity to apply fo myself (does not apply to TRUST policies) specific											
because											
Name of insurance company and employer of depend Should I desire to apply for this group insurance in th	lent							ay be applied.			

tips for filling out this form

To Enroll

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

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

To Change

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

Imaging

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

Do:

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

Don't

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