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. # 030- Cert. #	1 :				RA: If individual continuee:	Qualifyin	g Ever	nt	Date of Event		
Name and Address of Employer (Policyholder)											
1 to enroll □ Dental □ Eye Care Employee Information						_	Selec	t plan D		Eye Car	
Marital Status Single Married Civil Unio	n* [] Do	mes	tic F	artner* *As defir	ned by sta	te law	or your Group.			
Social Security number		De	pt. ı	num	ber						
Employee's last name, first name, MI											
Date of birth	nale	Ful	l tim	ne da	ate of hire			Rehire: R	ehire date		
Occupation				Houi	rs worked each w	/eek	A	Are your earning	gs paid: [Hourly or	Salaried
	City State ZIP										
E-mail address (limit of 60 characters)											
Are you covered under another dental insurance plar Are you covered under another eye care insurance p	lan?					Employ	ee:	Yes No	Depe	ndents: ndents:	
Dependent Coverage Information List all eligible						I. (Employ	yee m	nust be enrolled	to cover de	ependents)	
Print full legal name (last, first. MI)	Der	ital drop				hip	Sex	Date of birtl	h Soci	al Security no	College student?
1				_	-	<u>.</u>				<u>, , , , , , , , , , , , , , , , , , , </u>	
2											
3											
4											
5											
I am signing up for coverage until the next enrollment materials which I have read and understand. I represe The policyholder certifies the date of employment, jol	ent th o title	at th , hou	e int rs w	orm orke	ation I have provi ed and salary info	ided is co ormation	omple are c	ete and accurat correct accordir	te to the being to the P	est of my kno	wledge.
X Employee Signature (do not print)	Da	te			X Policyholder	Signatur	e (do i	not print)		Date	
In several states, we are required to advise you of the or misleading information in an application for insural guilty of a crime and may be subject to fines and crim information provided by an applicant is materially relative to the control of t	e follo nce, c ninal (wing or wh pena	: An o kr ties	y pe lowi , inc	rson who knowin ngly presents a fa	gly and valse or fr	with i audu	ntent to defrau lent claim for p	d provides ayment of	false, incomp a loss or ben	efit, is
Employee late entrant date		Effec	tive	Date	С	lass		Dep. Code			
Dependent late entrant date											
2 to change ☐ Name Change New Name						0	ld Na	ıme			
☐ Add Dependent Coverage ☐ If due to marriage, what is the date of marriage	?				If due to bir	th/adoption	on, w	hat is the date o	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 de											
☐ Due to divorce ☐ Due to death ☐ Due ☐ Other (please explain)	to an	inual	eled	ction	period Exc	ceeds ma	aximu	ım age to quali	fy as deper	ndent	
3 to Waive IF YOU DO NOT WANT COVERAGE, YOUR EMPLOYER. I have been given an opportunity to myself (does not apply to TRUST policies) :	apply	/ for	Grou	ıp Ir	surance offered	by my er	nploy	er, and have de	ecided not	to accept the	offer for:
because											
Name of insurance company and employer of depend Should I desire to apply for this group insurance in the											

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.