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-						ividual	Qualif	ying Event				Date of Event
Cert. #		is a	COI	ntin	uee	:						
Name and Address of Employer (Policyholder)												
1 to enroll □ Dental □ Eye Care □ To te	rmi	nat	e a	all o	cov	erages	;	Select pl	an	☐ Den	tal High	☐ Eye Care VSP
Employee Information						Ü				☐ Den	tal Low	☐ Eye Care EyeMed
Marital Status Single Married Domestic Partner (Regi	stere	d o	r No	n-Re	egistered)						
Social Security number D	ept.	nun	nbe	er								
Employee's last name, first name, MI												
Date of birth	ıll tir	ne d	date	e of	hire	e			Reh	ire: Rel	nire date .	
Occupation		Ηοι	ırs	IOW	rked	l each w	eek	Are	your e	earnings	paid:	∃Hourly or □ Salaried
Street address												
E-mail address (limit of 60 characters)												
Are you covered under another \textbf{dental} insurance plan? Are you covered under another \textbf{eye} care insurance plan?												dents: Yes No No No
Dependent Coverage Information List all eligible de							delete	d. (Employ	/ee m	nust be	enrolled t	o cover dependents)
Print full legal name (last, first. MI)	De add	ntal dro	p a	dd			Relation	nship	Sex	Date	of birth	Social Security no.
11												
2												
3			_									
4] [
5												
Please Sign (employee/policyholder) The certificate provi As an employee, I hereby apply for, or waive (if indicated), grour required, I authorize my employer to deduct premiums from my I am signing up for coverage until the next enrollment period ematerials which I have read and understand. I represent that the policyholder certifies the date of employment, job title, ho	up ir / sal xcep ne in	nsura lary. ot in nforr	and <i>TH</i> the nat	e, f HE F e ca ion	or v OLL se o I ha	which I a LOWING of a life entry in the second contraction in the seco	m elig <i>APPLI</i> event. ded is	ible or may ES ONLY To This inform complete:	/ beco O SEC nation and a	ome elig CTION 12 n was ex ccurate	ible. If co 25 FLEXIB plained ir to the be	ntributions are FLE BENEFITS PLANS: In the plan's solicitation of my knowledge.
X Employee Signature (do not print) Date				_	X							
					Poli	icyholder	Signat	ure (do not p	orint)	dofraud	nravidaa t	Date false incomplete
In several states, we are required to advise you of the following or misleading information in an application for insurance, or wiguilty of a crime and may be subject to fines and criminal penalinformation provided by an applicant is materially related to a contract of the several states.	ho k alties	now s, in	ing	lly p	res	ents a fa	alse or	fraudulent	clain	n for pay	ment of a	loss or benefit, is
Employee late entrant date Effe	fective Date					С	lass	Dep	Dep. Code			
Dependent late entrant date												
2 to change												
□ Name Change New Name							0	old Name				
☐ Add Dependent Coverage												
If due to marriage, what is the date of marriage?												
☐ If due to change in Domestic Partner status, what is the												
☐ If due to loss of coverage, date and reason:												
☐ If other, the date of event and please explain:												
□ Drop Dependent Coverage Number of dependents												
□ Due to divorce □ Due to death □ Due to annua									-			
☐ Due to change in Domestic Partner status ☐ Other	(ріе	ase	exp	Jiaii	<i>I)</i>							

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 Washington Residents: For group policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals

who are Domestic Partners (Registered or Non-Registered) 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.