

Administered by: Corporate Benefits Services of America, PO Box 27810, Minneapolis, MN 55427-0810
Group Enrollment Card: Return completed form to your employer

Employer Information (TO BE COMPLETED BY THE EMPLOYER)

Name and Address of Employer or Organization (if applicable)	Full-Time Hire Date
	Telephone

FOR COMPANY USE ONLY

Effective Date: ___/___/___

Plan Code: _____

Group #/ Division _____

CPT: _____ **Waiver:** _____

Renewal Date _____

Employee Information (PLEASE PRINT CLEARLY)

I apply for coverage on: Employee Only Employee + One Employee & Family

I have been given an opportunity to apply for group insurance but do not wish to elect coverage.

Last Name	First Name	Initial			
Address	Telephone Number				
City	State	Zip			
LIST ALL YOUR ELEGIBLE DEPENDENTS BELOW					
Last Name (If Different)	First Name	Initial	Sex M/F	Age	Birth Date M/D/Y
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

Birth Date: / /
Sex: M [] F []
Marital Status
Married [] Single []

Please note: If additional dependent information is necessary please attach a separate sheet of paper

- Does Spouse have a dental plan: Yes No
 With whom? _____
 If answer is "Yes", are dependents enrolled under spouses plan? Yes No
- Do you claim a tax exemption for all eligible dependents listed above? Yes No
 If no, who is not? _____
- All dependent children above, over age 18, are full time students. Yes No
 If not, who is not? _____

By my signature below, I hereby apply for coverage under Group Dental Insurance Policy Form GH-1112 issued to the Employer's Voluntary Benefit Insurance Trust insured by Security Life Insurance Company of America - Minnetonka, Minnesota. I certify that I have read the applicable Fraud Notice below. I also hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing.

 Employees Signature Date
 GH-1112(97)

IMPORTANT FRAUD NOTICES

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.

STATE SPECIFIC NOTICES

Arkansas/ Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - 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 policy holder 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.

District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky - Any person who knowingly and with intent to defraud any insurer 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.

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.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania - 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.