Enrollment/Change or Waiver Form for Dental and Vision Coverage

Employee's Name _____

Complete Address _____

Soc. Sec. No. _____ Date of Birth _____ ☐ Male ☐ Female

Date of Hire _____

►**To Enroll** (*please check one*):

☐ New Hire

☐ New Enrollment

☐ Life change event *(please check one)*

□ Marriage □ Divorce □ Birth/Adoption of Child □ Loss of coverage • Date of Life Event _____

►**Type of Coverage Desired:**

☐ Dental with Ameritas

☐ Vision with VSP

I would like to enroll the following dependents in:

Dental	Vision	Full Name	Soc. Sec. #	Relationship	Date of Birth	Sex
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					

►**To Change (complete only when requesting a change to current enrollment):**

☐ **Add** □ Dental □ Vision Dependent Coverage *(complete dependent information above)*

☐ **Drop** □ Dental □ Vision Dependent Coverage *(name of dependents:)* _____

☐ **Cancel** □ Dental □ Vision Coverage for me and all of my dependents.

►**To Waive Coverage** (*If you do not want coverage, complete this section*):

□ I have been given an opportunity to apply for group insurance offered by my employer, and have decided not to accept the offer. Should I desire to apply for dental in the future, I realize that a "late entrant" penalty may be applied.

►**Please Sign:** 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 to section 125 flexible benefits plans:** I am signing up for coverage until the next enrollment period except in the case of a change in family status. This information was explained in the plan's solicitation materials which I have read and understand. I certify that the information I have provided is complete and accurate.

_____

Employee Signature Date

Any person who knowingly and with intent to defraud any insurance company or other reason 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 shall also be subject to a civil penalty not to exceed five-thousand dollars and the stated value of the claim for each such violation.