



Please mail completed form to: **Direct Benefits, Inc.**
570 Asbury Street, Suite 206
St. Paul, MN 55104 651-649-3503

DENTAL APPLICATION Insured By Security Life Insurance Company of America - Minnetonka, Minnesota

Social Security No.	Last Name	First	Initial	/ / Mo Day Yr Birthdate	M [] F [] Sex	For Company Use Only	
Home Address				Marital Status [] Married [] Single		Effective Date	
City, State, Zip				Telephone:		Plan Code	
Company Name & Location				Date of Hire		Waived	CPT

LIST DEPENDENTS TO BE COVERED (list spouse first)			Sex	Birthdate				Sex	Birthdate
Last Name (if different)	First Name	Initial	M F	Mo. Day Yr	Last Name (if different)	First Name	Initial	M F	Mo. Day Yr
2.	Spouse				5.				
3.	Child				6.				
4.					7.				

Does Spouse have a dental plan? Yes [] No [] With whom? _____ If answer is "Yes", are dependents enrolled under spouse's plan? Yes [] No [] Do you claim a tax exemption for all eligible dependents listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who not? _____ All dependent children listed above over Age 18 are full time students: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, who is not? _____	I am applying for coverage on: [] Myself Only [] Myself + 1 [] Myself + Family I decline coverage for: [] Myself Only [] Myself + 1 [] Myself + Family Reason for Refusal _____
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Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim, or any application containing any false, incomplete, or misleading information is guilty of a crime. I hereby apply for coverage under group policy series GH-1112 and its state-specific versions and riders.
 BY MY SIGNATURE, I HEREBY APPLY FOR COVERAGE UNDER GROUP DENTAL INSURANCE POLICY FORM GH-1112 (97) ISSUED TO THE EMPLOYERS VOLUNTARY BENEFIT INSURANCE TRUST.

Applicant's Signature _____ Date _____
 GH-1112 (97)

I HEREBY AUTHORIZE PAYROLL DEDUCTIONS FROM MY EARNINGS FOR ANY CONTRIBUTIONS REQUIRED. THIS AUTHORIZATION REMAINS IN EFFECT UNTIL REVOKED BY ME IN WRITING.

Applicant's Signature _____ Date _____

IMPORTANT FRAUD NOTICES

- Arkansas:** 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.
- Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of lose or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison.
- 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal to 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.