# **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. # 010			RA: If individual Qualifying Event continuee:			Date of Event			
Name and Address of Employer (Policyholder)									
<b>1 to enroll</b> ☐ Eye Care ☐ To terminate Employee Information  Marital Status ☐ Single ☐ Married ☐ Civil Union*  Social Security number	ate all co ☐ Dome — Dep	verage estic Parti	<b>S</b> ner* *As defined er	by state law					
Employee's last name, first name, MI Date of birth	male Ful	II time da	te of hire			_ Rehire:			
Occupation Street address E-mail address (limit of 60 characters)			City				State		
Are you covered under another <b>eye care</b> insurance p								ndents:	es 🗌 No
Dependent Coverage Information List all eligible	e dependen	ts to be a	added or deleted	d. (Employe	e m	ust be enrolled	to cover d	ependents)	
Print full legal name (last, first. MI)	Eye C add	are drop	Relations	hin S	Sex	Date of birtl	Soc	ial Security no.	College student?
1			Helations	тр с	JUN	Date of birti	1 300	iai occurry no.	
2									
3									
4									
5									
I authorize my employer to deduct premiums from my up for coverage until the next enrollment period excep I have read and understand. I represent that the info certifies the date of employment, job title, hours work	t in the cas rmation I h ed and sal	se of a life nave prov ary infor	e event. This inf rided is comple mation are corr	formation wate and accept according	vas e urat ing t	explained in the te to the best of to the Policyho	e plan's so of my kno lder's reco	licitation materi wledge. The po ords.	ials which
X Employee Signature (do not print)	Date		<u>A</u> Policyholde	r Signature (	(do n	ot print)		Date	
In several states, we are required to advise you of the foring information in an application for insurance, or who and may be subject to fines and criminal penalties, incl applicant is materially related to a claim. (State-specific	knowingly uding impri	presents	s a false or frau . In addition, ins	dulent clair	m fo	or payment of a	loss or be	enefit. is auilty o	of a crime
Employee late entrant date  Dependent late entrant date				Class		Dep. Code			
2 to change	L								
Name Change New Name Old Name									
☐ Add Dependent Coverage ☐ If due to marriage, what is the date of marriage									
☐ If due to loss of coverage, date and reason: _									
☐ If other, the date of event and please explain:									
<ul><li>□ Drop Dependent Coverage Number of de</li><li>□ Due to divorce □ Due to death □ Due</li><li>□ Other (please explain)</li></ul>	to annual e	election p	period Exc	ceeds maxi	imuı	m age to qualif	y as depe	ndent	
<b>to waive</b> IF YOU DO NOT WANT COVERAGE, COMPLOYER. I have been given an opportunity to apply for myself (does not apply to TRUST policies) spo									
because									
Name of insurance company and employer of depend Should I desire to apply for this group insurance in the	ent e future, I r	ealize th	at a "late entra	nt" penalty	ma	y be applied.			

**Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

**No Cost Language Services.** You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Note for Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company 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.

**Note for Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

**Note for Maryland Insureds:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Note for New Mexico and Rhode Island Residents:** 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.

**Note for North Carolina Residents:** After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

**Note for Pennsylvania Residents:** 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 and civil penalties.

**Note for Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

**Note for Texas Residents:** Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

**Note for Washington, D.C. Residents:** 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.

**Note for Washington Residents:** For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners 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.