

GROUP DENTAL ENROLLMENT CARD



Employer's Business Name _____
 Address _____
 City _____ State _____ ZIP _____
 Telephone Number _____ Account Number _____

Please make additional copies of this form if needed. (Answer all questions completely.)

Employee

Last Name _____ First, MI _____
 Soc. Sec. # _____ Do you work at least 30 hours per week at this company?
 Date of Birth Mo. ___ Day ___ Yr. ___ Male Female Yes No
 Address _____ Date of full-time employment Mo. ___ Day ___ Yr. ___
 City _____ State _____ ZIP _____ Are you covered for dental insurance under another plan?
 Occupation _____ Employee Yes No Dependents Yes No
 Marital Status Single Married Name of present dental insurance carrier _____
 Dependent Coverage
 Myself only
 Myself plus one dependent Spouse/Domestic Partner (as allowed by state law or your group) or Child
 Myself plus 2 or more dependents Spouse/Domestic Partner (as allowed by state law or your group) and/or children
 How many children? _____

If enrolling in the Pearl Plans® Dual Choice Option

I am applying for Standard Option Enhanced Option

TO DECLINE COVERAGE complete this section.

I decline the insurance coverage my employer offered for

Myself Dependents because _____
 Name of insurance company _____
 Employer of dependent _____

If I apply for dental insurance in the future, I realize that a "late entrant" penalty may apply.

Signature **X** _____ Date _____

TO ACCEPT COVERAGE complete this section.

Please Sign (all enrolling applicants, regardless of state)

In several states, we are required to advise you of the following: 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, is 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 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.

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 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 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 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 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 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.

As an employee, I hereby apply for 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. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge.

Signature **X** _____ Date _____