

Check Type of Plan: Single Single + one (1) Eligible Dependent Single + Family

		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	For Company Use Only
Social Security No.	Last Name First Initial	Mo Day Yr Birthdate		Effective Date
Home Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Plan Code
City, State, Zip		Telephone		

List Below All Eligible Dependents to be covered				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? Yes No If no, whom do you not claim? _____

All dependent children listed above over Age 18 are full time students: Yes No If no, who is not? _____

MONTHLY PREMIUM: \$ _____
BILLING MODE: <input type="checkbox"/> ACH Bank Account Number _____ <input type="checkbox"/> VISA Credit Card Number _____ Expiration Date _____ (Choose one) <input type="checkbox"/> MASTER CARD Credit Card Number _____ Expiration Date _____
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.

By my signature below, I hereby apply for coverage under Security Life Group Dental Insurance Policy Form GH-1112 issued to the trustee group policyholder. I hereby authorize that my premiums be charged against my bank or credit card account as indicated above. The authorization remains in effect until revoked by me in writing.

Applicant's Signature	Date	Agent Name (please print)	Agent TIN	State License Number
IND-DENT-APP (7/07)				

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 thereto 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.