BROKERS NATIONAL LIFE ASSURANCE COMPANY

GROUP DENTAL INSURANCE ENROLLMENT CARD

NAME OF EMPLOYER

GROUP # ______________________

EMPLOYEE NAME LAST FIRST MIDDLE ☐ FEMALE ☐ MALE

HOME ADDRESS STREET CITY STATE ZIP CODE

HOME TEL. NO. ( ) DATE OF BIRTH / / SOCIAL SECURITY NUMBER EMPLOYMENT DATE

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

(CHECK ONE): ☐ EMPLOYEE ONLY ☐ EMPLOYEE AND ONE DEPENDENT ☐ EMPLOYEE AND FAMILY

WORK 30 HOURS PER WEEK? ☐ YES ☐ NO

LIST NAME, SEX AND DATE OF BIRTH OF EACH DEPENDENT YOU WISH TO INSURE
STUDENT VERIFICATION MUST ACCOMPANY DEPENDENTS OVER 19.

NAME	REL.	SEX	DATE OF BIRTH	NAME	REL.	SEX	DATE OF BIRTH

DOES YOUR SPOUSE HAVE OTHER COVERAGE? ☐ YES ☐ NO

☐ I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY EARNINGS THE AMOUNT TO COVER MY SHARE OF THE CONTRIBUTION FOR COVERAGE INDICATED ABOVE.
*PROVISIONS ON THE REVERSE SIDE ACCEPTED

☐ EMPLOYER PAID ☐ EMPLOYEE PAID

SIGNATURE OF EMPLOYEE | DATE | REQUESTED EFFECTIVE DATE

(CHECK ONE): ☐ PLAN A ☐ PLAN B ☐ BASIC

IL-GA-1705(08/91).4

DOMICILED IN THE STATE OF ARKANSAS • ADMINISTRATIVE OFFICE: 7010 HWY 71 WEST, STE. 100, AUSTIN, TEXAS 78735 • PHONE: 512-383-0220

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I hereby apply to BROKERS NATIONAL LIFE ASSURANCE COMPANY for Group Dental Insurance as presented to me and authorize my employer to make any necessary deduction from my salary to pay the premium when my insurance becomes effective.

I further represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

WAIVER OF COVERAGE

I HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR GROUP DENTAL INSURANCE, BUT:

☐ DO NOT WISH THIS COVERAGE.

☐ AM COVERED UNDER SPOUSE'S DENTAL PLAN WITH ______________________________ .
Name of insurance company

Dated this __________ day of ________________, 20 ________ , ______________________________
Individual's Signature

For Home Office Use Only

Plan ________ State ________ FR# ________ EPSI# ________ WP ________ OE ________ Effective Date ________
1 / 15

Notes:

Writing Agent Name ______________________________ Agent # ________________

Splitting Agent Name ______________________________ Agent # ________________

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