

# How To Enroll In Pearl Dependable Dental™

1. Complete the Dental Insurance Enrollment Form below.
2. Complete the payment method section.
3. Return your Enrollment Form, payment method form and check (made payable to **Security Life Insurance Company of America**) to:  
**Pearl & Associates, Ltd. 1200 East Glen Avenue, Peoria Heights, IL 61616-5348**

## Security Life

INSURANCE COMPANY OF AMERICA  
Minnetonka, Minnesota 55343-9137

### FOR COMPANY USE ONLY

EFFECTIVE DATE \_\_\_\_\_

PLAN CODE \_\_\_\_\_

WAIVER CPT \_\_\_\_\_

GROUP # \_\_\_\_\_

DIVISION # \_\_\_\_\_

## DENTAL INSURANCE ENROLLMENT FORM

ENROLL ME IN THE:  PLATINUM PLAN  GOLD PLAN  SILVER PLAN

LAST NAME FIRST M. I.

HOME ADDRESS

CITY STATE ZIP PHONE

NAME OF PROFESSIONAL ASSOCIATION YOU BELONG TO (IF APPLICABLE)

BILL TO: (IF APPLICABLE)

CITY STATE ZIP PHONE

### List below all dependents to be covered:

LAST NAME (IF DIFFERENT)	FIRST	M.I.	SEX	DATE OF BIRTH
SPOUSE:				/ /
CHILD:				/ /
CHILD:				/ /
CHILD:				/ /
CHILD:				/ /
CHILD:				/ /
CHILD:				/ /

DATE OF BIRTH / /  MALE  FEMALE

Marital Status:  MARRIED  SINGLE  
 WIDOWED  DIVORCED

Please bill my:  RESIDENCE  EMPLOYER

Applying for coverage of:

APPLICANT  APPLICANT + 1  APPLICANT + FAMILY

Does spouse have a dental plan?  YES  NO

With whom? \_\_\_\_\_

If "Yes," are dependents enrolled under Spouse's plan?  YES  NO

Proof of full-time student status must be submitted for children between ages 19-23.

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. I hereby apply for coverage under the Policy Series GH-1112 issued to the Voluntary Group Trust.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PAYMENT METHOD SECTION

### Electronic Funds Transfer (EFT)—Save \$14.00 per Year:

Enjoy the convenience of having your premium payment automatically withdrawn each month and the assurance that your coverage will not lapse due to a late payment. Complete the authorization agreement below. For checking account withdrawals, **include a voided blank check**. Write "VOID" across the blank check. Complete the premium calculation section for monthly EFT. Remit your check (made payable to **Security Life Insurance Company of America**) to Pearl & Associates, Ltd. for the first two monthly premiums and the one time enrollment fee. Future premiums will be deducted from your checking or savings account.

#### Premium calculation for monthly EFT

• Determine your monthly premium according to the Area/rate chart

\$ \_\_\_\_\_ X 2 = \$ \_\_\_\_\_

• EFT administration fee @ \$.50 per month .....\$ 1.00

• One time enrollment fee .....\$ 25.00

• Total remittance to begin EFT .....\$ \_\_\_\_\_

### Direct Bill:

Direct billing is available on a quarterly basis. The quarterly billing dates are January, April, July and October. If your coverage effective date falls in the middle of a quarter your premium will be pro-rated. Complete the premium calculation section for quarterly direct bill. Remit your check (made payable to **Security Life Insurance Company of America**) to Pearl & Associates, Ltd. for the total remittance due.

#### Premium calculation for quarterly direct bill

• Determine your monthly premium according to the Area/rate chart

\$ \_\_\_\_\_ X 3 = \$ \_\_\_\_\_

• Quarterly direct bill administration fee .....\$ 5.00

• One time enrollment fee .....\$ 25.00

• Total remittance to begin quarterly direct bill .....\$ \_\_\_\_\_

### AUTHORIZATION AGREEMENT TO DRAFT BANK ACCOUNT

Please complete the following information:

#### 1. My Account is:

Checking (include voided check)

Savings (include deposit slip or copy of account statement)

2. Name of Bank or Institution: \_\_\_\_\_

3. Account #: \_\_\_\_\_

I hereby authorize you to electronically charge my account for premium debits to Security Life Insurance Company of America, Minnetonka, Minnesota, c/o Pearl & Associates, Ltd., Peoria Heights, Illinois. I understand my account will be charged according to my billing due date. The deduction will be made on the first of each month. I agree that this electronic payment shall be regarded the same as if a check was written by me and drawn on my account. This authorization is to remain in effect until revoked by me in writing.

I understand that the credit for payment is conditioned upon the order being honored when presented. I understand that this authorization may be terminated: (1) at the option of Pearl & Associates, Ltd. if any debt is not honored when presented for payment, or (2) upon thirty (30) days written notice given by Pearl & Associates, Ltd., the bank or me.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PRODUCER INFORMATION

### NOTE:

If you have written business with Security Life Insurance Company of America/Pearl & Associates, Ltd. in this State during the calendar year, just complete your name and Tax ID and sign below. There is no need to submit a copy of your license with every case.

PRODUCER NAME

ADDRESS

CITY

STATE

ZIP

( )

PHONE

TAXPAYER # OR SOCIAL SECURITY #

PEARL & ASSOCIATE, LTD. AGENT ID # (IF ASSIGNED)

INSURANCE LICENSE #

Insurance license attached:

YES

NO

Are you currently appointed with Security Life Insurance Company of America?

YES

NO

PRODUCER SIGNATURE

**Pearl & Associates, Ltd.**

GENERAL AGENT

## FRAUD WARNING STATEMENTS

### ARKANSAS:

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.

### 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 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.

### LOUISIANA:

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 is guilty of a crime and may be subject to fines 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 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.

### 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.