

# enrollment/change Group Insurance Form

Ameritas Life Insurance Corp.



**Please return completed form to:**  
 P.O. Box 30 / Newburgh, IN 47629-0030  
 800-880-6542 / Fax 812-477-6575  
 Policy and Div. # **010- 350706-1**

<i>For Internal use only</i>	
Effective Date	Deduction Amount

Name and Address of Employer (Policyholder) Tennessee State Employee Association (TSEA)

**1 to enroll**  Dental  To terminate all coverages

<b>Select plan</b>	<input type="checkbox"/> Platinum Plan	<input type="checkbox"/> Silver Plan	<input type="checkbox"/> Platinum with Ortho
	<input type="checkbox"/> Gold Plan	<input type="checkbox"/> Bronze Plan	<input type="checkbox"/> Gold with Ortho

## Employee Information

Marital Status  Single  Married  Civil Union\*  Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Employee # \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Date of hire \_\_\_\_\_  New TSEA Member – or –  Current TSEA Member

Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid:  Hourly or  Salaried

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **dental** insurance plan? . . . . . **Employee:**  Yes  No **Dependents:**  Yes  No

## Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

## Please Sign (agent) The certificate provides dental benefits only. Review your certificate carefully.

As a TSEA member, I hereby apply for, or waive (if indicated), 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. I am signing up for coverage for a minimum of 12 months with enrollment continuing thereafter except in the case of a life event. 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.

**X** \_\_\_\_\_  
 Member Signature (do not print) Date

For Internal Use Only: Agent Initials Here →
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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.

**2 to change**

- Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_
- Add Dependent Coverage**
- If due to marriage, what is the date of marriage? \_\_\_\_\_  If due to birth/adoption, what is the date of event? \_\_\_\_\_
- If due to loss of coverage, date and reason: \_\_\_\_\_
- If other, the date of event and please explain: \_\_\_\_\_
- Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_
- Due to divorce  Due to death  Due to annual election period  Exceeds maximum age to qualify as dependent
- Other (please explain) \_\_\_\_\_

**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.