# enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. of New York 1350 Broadway, Suite 2201 / New York, NY 10018 / 1-800-628-8889





Policy and Div. # 026			1:0			RA: If individual ontinuee:	Qualifying Event				Date of Event			
Cert. #														
Name and Address of Employer (Policyholder)														
<b>1 to enroll</b> □ Dental □ Eye Care □ Employee Information  Marital Status □ Single □ Married □ Civil Union*	· _	] Dom	esti	c Pa	art	ner* *As define	d by state la							
Social Security number														
Employee's last name, first name, MI Date of birth										Dobiro do	+o			
Occupation														
Street address														
E-mail address (limit of 60 characters)										. State				
Are you covered under another <b>dental</b> insurance plar Are you covered under another <b>eye care</b> insurance p	1? .						.Employ	ee:	Yes No		ndents: Ye			
Dependent Coverage Information List all eligible	e dep	ende	nts	to b	е	added or delete	ed. (Employ	yee n	nust be enrolled	d to cover d	ependents)			
Drint full local name (loct first MI)	De	ntal drop	Eye	e Ca	re	Dolotion	ahin	Cov	Data of him	th Coo	ial Security no.	Co	ollege	
Print full legal name (last, first. MI)	auu	-	aut	-	op	Relation	SIIIP	Sex	Date of bir	111 500	nai Security no.	Stu	ıdent?	
1	H	H		- 1	_							+	_	
2					_							+		
3												+		
4 <u> </u>			F	1 -	_							+		
X Employee Signature (do not print) Any person who knowingly and with intent to defrauct containing any materially false information, or concertaudulent insurance act, which is a crime, and shall	<b>Da</b> d any	ate y insu	ıran ne p	ice (	C0	Policyhold mpany or othe se of misleadir	er Signatur r reason f g, informa	e (do li files a	not print) an application concerning a	for insuran	Date ce or statemen terial thereto, c	omr	mits a	
claim for each such violation.														
nployee late entrant date Effecti									Dep. Code					
<ul><li>Dependent late entrant date</li><li>to change</li><li>Name Change New Name</li></ul>									ne					
<ul> <li>☐ Add Dependent Coverage</li> <li>☐ If due to marriage, what is the date of marriage</li> <li>☐ If due to loss of coverage, date and reason: _</li> </ul>							-							
$\hfill \square$ If other, the date of event and please explain	:													
☐ Drop Dependent Coverage Number of de ☐ Due to divorce ☐ Due to death ☐ Due ☐ Other (please explain)	to a	nnual	ele	ctio	n	period E	kceeds ma	aximu	ım age to qual					
<b>3 to waive</b> IF YOU DO NOT WANT COVERAGE, COMPLOYER. I have been given an opportunity to apply for myself (does not apply to TRUST policies) ☐ spo	OMPL r Gro ouse	ETE T up In: <b>/dom</b>	THE sura <b>esti</b>	WAI Ince	VE 01 <b>art</b>	R SECTION. THE ffered by my en	WAIVER M. nployer, an (ren) only	AY NC d hav	OT BE ALLOWED ye decided not to spouse/dome	FOR THIS PI to accept th estic partn	_AN, CHECK WITH e offer for: <b>er and child(rer</b>	1 YO	UR	
because														
Name of insurance company and employer of depend Should I desire to apply for this group insurance in th	ent e fut	ure, I	rea	ılize	th	nat a "late entr	ant" penal	ty ma	ay be applied.					

## 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.