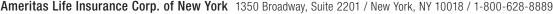
# enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. of New York 1350 Broadway, Suite 2201 / New York, NY 10018 / 1-800-628-8889





Policy and Div. # 026301517			AA: If individual ontinuee:	Qualifying Event			Date of Event	Date of Event	
Cert. #Name and Address of Employer (Policyholder) _East	Ramapo			ison Av	7e S	Spring Val	 lev. NY 10977		
<b>1 to enroll</b> □ Dental □ To terminate						- F			
Employee Information  Marital Status Single Married Civil Union*  Social Security number  Employee's last name, first name, MI  Date of birth Male Fe Occupation	Dome Dep	stic Part ot. numb	erate of hire			Rehire: F			
Street address			City				State ZIP		
E-mail address (limit of 60 characters)									
Are you covered under another <b>dental</b> insurance plan							•	Yes \ No	
Dependent Coverage Information List all eligible			added or delete	d. (Employ	ee m	ust be enrolled t	to cover dependents)		
Print full legal name (last, first. MI)	Dent add	drop	Relation	ship	Sex	Date of birth	Social Security no	College student?	
1									
2									
3									
4									
5									
As an employee, I hereby apply for, or waive (if indical authorize my employer to deduct premiums from my up for coverage until the next enrollment period except have read and understand. I represent that the information certifies the date of employment, job title, hours work	salary. <i>TH</i> t in the cas rmation I h	<i>E FOLLC</i> se of a lit nave pro	WING APPLIES e event. This in vided is compl	ONLY TO Stormation at the contract of the cont	<i>SECT</i> was cura	TON 125 FLEXIB explained in the te to the best o	BLE BENEFITS PLANS: I plan's solicitation mat f my knowledge. The I	am signing erials which	
X Employee Signature (do not print)	Date		X Policyholde	r Signature	(do n	ot print)	Date		
Any person who knowingly and with intent to defrauct containing any materially false information, or concertaudulent insurance act, which is a crime, and shall claim for each such violation.	d any insureals for the	ance co	mpany or othe se of misleadin	r reason fil g, informa	les a tion	n application fo concerning any	r insurance or statemo fact material thereto,	commits a	
Employee late entrant date	Effect	Effective Date		Class Dep. Code		Dep. Code			
Dependent late entrant date									
2 to change  ☐ Name Change New Name Old Name									
<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>									
☐ 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 annual (	election	period Ex	ceeds max	ximu	m age to qualify	as dependent		
<b>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	ouse/dome	stic par	tner 🗌 child	ren) only		spouse/domes			
because									
Name of insurance company and employer of depend Should I desire to apply for this group insurance in th	ent e future, I r	ealize th	nat a "late entra	ınt" penalt	y ma	y 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.