Spirit Dental/Vision Enrollment Card Return completed form to your employer

Employer Information (TO BE COMPLETED BY THE EMPLOYER)

Name and Address of Employer or Organization (if applicable)		Full-Time	Full-Time Hire Date			FOR COMPANY USE ONLY	
			Telephone Number (218) 441-1906			Effective Date:// Plan Code:	
Employee Information (PLEASE Coverage Election: ☐ Dental I apply for coverage on: ☐ Empl	Only	☐ Employee	☐ Declir and Fam		~	Group #/ Division	
Last Name	First Name	(Initial)				\neg	
Address	Telephone Number		l			一	
City		State	Zip			Birth Date: / /	
LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW						Sex: M [] F [] Marital Status	
Last Name (If Different)	First Name	Initial	Sex M/F	Age	Birth Da	ate Married [1 Single [1	
Spouse							
Dependent							
Dependent						Diagon potos if additional	
Dependent						Please note: If additional dependent information is	
Dependent						necessary please attach a separate sheet of paper.	
1. Does Spouse have a dental plan If answer is "Yes", are dependents 2. Do you claim a tax exemption for If no, who is not? 3. All dependent children above ove	enrolled under spouses plan? r all eligible dependents listed	Yes [above? Yes []			
If not, who is not?							
Group Dental Coverage is provided under Life Insurance Company of America, Minn	the Group Dental Insurance Policy (etonka, Minnesota.	GH-1112 issued	to the Emp	oloyers' Vo	luntary Bene	efit Insurance Trust insured by Security	
Group Vision Coverage is provided under may be a trusteed group policyholder in so	the Group Vision Policy GH-1157 or ome states) insured by Security Life	under the Grou Insurance Comp	p Vision Po pany of Am	olicy GH-11 erica, Minr	154 issued to netonka, Min	o the Group Policyholder (policyholder nesota.	
By my signature below, I hereby apply for the coverage or coverage's selected above. I certify that I have read the applicable Fraud Notice below. I also hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing.							
California Law prohibits an HIV Test fro	m being required or used by heal	th insurance co	ompanies	as a cond	ition of obta	aining health insurance coverage.	

IMPORTANT FRAUD NOTICES

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.

STATE SPECIFIC NOTICES

Arkansas/Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present 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.

Employee Signature

<u>District of Columbia</u> - 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 insurer 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.

<u>Maine</u> - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Date

☐ Indemnity - Dental

Dual Option - Dental Preventive - Dental

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 for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

<u>Ohio</u> - 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.

<u>Pennsylvania</u> - 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.

<u>Tennessee/Virginia</u> - 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.

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