

**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 Hire Date
	Telephone Number

<b>FOR COMPANY USE ONLY</b>
Effective Date: ___/___/___
Plan Code: _____
Group #/ Division _____
CPT: _____

**Employee Information (PLEASE PRINT CLEARLY)**

Coverage Election:  Dental Only  Vision Only  Dental & Vision  
 I apply for coverage on:  Employee Only  Employee +1  
 Employee and Family

Last Name	First Name	Initial
Address	Telephone Number	
City	State	Zip

Birth Date: / /
Sex: M [ ] F [ ]
Marital Status
Married [ ] Single [ ]

LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW					
Last Name (if Different)	First Name	Initial	Sex M/F	Age	Birth Date M/D/Y
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

**Please note:** If additional dependent information is necessary please attach a separate sheet of paper

- Does Spouse have a dental plan: Yes  No   
 With whom? \_\_\_\_\_  
 If answer is "Yes", are dependents enrolled under spouses plan? Yes  No
- Do you claim a tax exemption for all eligible dependents listed above? Yes  No   
 If no, who is not? \_\_\_\_\_
- All dependent children above over age 18 are full time students. Yes  No   
 If not, who is not? \_\_\_\_\_

Group Dental Coverage is provided under the Group Dental Insurance Policy GH-1112 issued to the Employers' Voluntary Benefit Insurance Trust insured by Security Life Insurance Company of America, Minnetonka, Minnesota.

Group Vision Coverage is provided under the Group Vision Policy GH-1157 or under the Group Vision Policy GH-1154 issued to the Group Policyholder (policyholder may be a trustee group policyholder in some states) insured by Security Life Insurance Company of America, Minnetonka, Minnesota.

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 from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

\_\_\_\_\_  
Employee Signature Date

**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.

**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 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.

**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.

**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.

**Tennessee** - 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.

**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.