

**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas

Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735

Phone: 512-383-0220

**Dental / Vision / AD&D Application
Payroll Deduction**

				Division No.		Billing ID No.				
Employer						Requested Effective Date / 01 /				
Applicant Name						SSN - -				
DOB / /		Age		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Hire / /				
Home Address					City		State		Zip	
Home Telephone () -					E-mail					

LEVEL OF COVERAGE: Applicant Only Applicant & Spouse Applicant & Child(ren) Applicant & Family

GROUP DENTAL INSURANCE Choose One: Plan A Plan B Basic Plus

GROUP VISION INSURANCE – PLAN A Vision Program is chosen by your Employer

INDIVIDUAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
Choose One: \$10,000 \$20,000 \$30,000 \$40,000 \$50,000
Child(ren) Maximum Coverage is \$10,000 per Covered Child

DEPENDENTS (If applying for Dependent Coverage)

Spouse			SSN - -		DOB / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Child (your dependent child(ren) only)		DOB	Sex	Child (your dependent child(ren) only)		DOB	Sex	
1.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	4.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	2.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
3.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	5.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	6.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

BENEFICIARY (If applying for Individual Accidental Death & Dismemberment)

			Applicant's			Spouse's		
Beneficiary Name								
Relationship to the Insured and Age				Age				Age
Dependent children's beneficiary will be the primary insured.								
Contingent Owner of Policy & Child Rider (if applicable)							Age	
Contingent Owner's Relationship to Insured								

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. (Except in Colorado, Florida, Georgia, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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. In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. In Georgia, Nebraska, Oregon & Utah, 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 may be guilty of insurance fraud. In Kentucky, any person who knowingly and with intent to defraud any insurance company 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. In Louisiana, any person who knowingly presents 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. In Maine & Washington, 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. In 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. In 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 coverage.

I authorize my employer to make the necessary deductions from my salary to pay the premiums to Brokers National Life Assurance Company. Such deductions shall continue until: 1. Termination of my employment, 2. Written notice of cancellation by me, or 3. Termination of the insurance plan(s). I represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

All statements in this application are deemed representations and not warranties.

Will this insurance replace any other insurance? No Yes Give Company Name & Policy # _____

Does the agent have knowledge this insurance will replace any other insurance? No Yes

Dated at _____ X _____
City State Date Applicant's Signature

X _____ X _____
Witnessed by: Licensed Agent Spouse's Signature (if applicable)

Writing Agent Name _____ Agent # _____ Agent License ID# _____

Splitting Agent Name (if applicable) _____ Agent # _____

For Home Office Use Only

Plan _____ State _____ FR# _____ EPSI# _____ WP _____ OE _____ Effective Date _____
Notes: _____ 1 / 15
Alpha Checked _____