

How to Enroll in Pearl Dependable Dental

1. Complete the Dental Insurance Enrollment Card section below.
2. Figure your premium from the chart on the brochure.
3. Check the box below for monthly or quarterly mode and remit your check made payable to **Security Life Insurance Company of America** for the total remittance due.

Monthly

Monthly premium = _____
 One time enrollment fee + \$25.00
 Total remittance \$ _____

Quarterly

Monthly premium \$ _____ x 3 = _____
 One time enrollment fee + \$25.00
 Total remittance \$ _____

4. Return this sheet and premium check to: **Pearl & Associates, Ltd. 1200 East Glen Avenue, Peoria Heights, IL 61616**

Dental Insurance Enrollment Card			Yes, enroll me in the plan for: <input type="checkbox"/> Adults <input type="checkbox"/> Seniors		Date of Birth	Sex	For company use only	
Social Security number	Last name	First	Middle Initial	Date of Birth <small>Mo. / Day / Yr.</small>		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Effective date
Home address				Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Plan code		
<small>Name of professional association you belong to, if applicable</small>								
City, State, ZIP				Phone		Waiver CPT		
Bill to: (if applicable)				Please bill my: <input type="checkbox"/> Residence <input type="checkbox"/> Employer				
City, State, ZIP				Phone		Division No.		
List below all dependents to be covered					Does spouse have a dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? _____			
Last name (if different)			First	Initial	Sex M F	Date of Birth Mo. / Day / Yr.		
2. Spouse						If answer is "Yes," are dependents enrolled under Spouse's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Child						I am applying for coverage for: <input type="checkbox"/> Myself <input type="checkbox"/> Myself and eligible dependents		
4. Child						Proof of full-time student status must be submitted for children between ages 19-23.		
5. Child						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. I hereby apply for coverage under the Policy Series GH-1112 issued to the Voluntary Group Trust.		
6. Child								
7. Child								
Security Life <small>INSURANCE COMPANY OF AMERICA</small> <small>1000 First Centre Drive, Minneapolis, Minnesota 55403-0101</small>					Applicant's signature _____ Date _____			

Fraud Warning Statements

Arkansas: 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.

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.

(Continued on reverse.)

Producer Information

NOTE: If you have written business with Security Life Insurance Company of America/Pearl & Associates, Ltd. in this State during the calendar year, just complete your name and Tax ID and sign below. There is no need to submit a copy of your license with every case.

Producer name _____

Address _____

City, State, ZIP _____

Phone (_____) _____

Taxpayer no. or Soc. Sec. no. _____

Pearl & Associates, Ltd. Agent ID Number
(if one is assigned) _____

Ins. Lic. Number _____

Ins. Lic. Attached: Yes No

Are you currently appointed with SLICA? Yes No

Producer signature _____

General agent **Pearl & Associates, Ltd.**

Fraud Warning Statements Continued

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.

Louisiana: 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.

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.

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.