application Individual Insurance Form

Ameritas Life Insurance Corp. 5900 O Street / P.O. Box 81889 / Lincoln, NE 68501-1889

Ameritas

Plan Selection

Dental Plans

SASid	☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4
20/20 Plus	☐ Plan A ☐ Plan B ☐ Plan C
My Plan	☐ Plan 4 ☐ Plan 5 ☐ Plan 6 ☐ Plan 7 ☐ Plan 8
Edge	☐ Plan A ☐ Plan B ☐ Plan A2 ☐ Plan B2
Adv II	☐ MAC PPO ☐ No PPO ☐ Passive PPO
Adv Plus II	☐ MAC PPO 1000 ☐ MAC PPO 2000 ☐ No PPO 1000 ☐ No PPO 2000 ☐ Passive PPO 1000 ☐ Passive PPO 2000
Grd Hi	☐ No Wt 1500 MAC PPO ☐ No Wt 1500 No PPO ☐ No Wt 2000 MAC PPO ☐ No Wt 2000 No PPO
Grd Inc	☐ 1500 MAC PPO ☐ 2000 MAC PPO
45	☐ No Wt MAC PPO ☐ Wt 12 MAC PPO ☐ Wts MAC PPO
VIP 1000	☐ No Wt No PPO ☐ Wt 12 No PPO ☐ Wts No PPO
VIP 1500	☐ No Wt No PPO ☐ Wt 12 No PPO ☐ Wts No PPO
SV	☐ No Wt MAC PPO ☐ No Wt No PPO ☐ No Wt Passive PPO ☐ Wt MAC PPO ☐ Wt No PPO ☐ Wt Passive PPO
SEA	☐ MAC PPO ☐ No PPO
SP	☐ 1200 MAC PPO ☐ 1200 No PPO ☐ 3500 MAC PPO ☐ 3500 No PPO ☐ Base MAC PPO ☐ Base No PPO
TW	☐ MAC PPO ☐ No PPO
CHOICE	☐ MAC PPO ☐ No PPO
Progressive	☐ MAC ☐ UCR
AFI	☐ 1000 ☐ 1500 ☐ 2000
Beta Gold	☐ 1000 MAC PPO ☐ 1000 No PPO ☐ 1500 MAC PPO ☐ 1500 No PPO ☐ 2000 MAC PPO ☐ 2000 No PPO ☐ 3000 MAC PPO ☐ 3000 No PPO
Beta Silver	☐ 1000 MAC PPO ☐ 1000 No PPO ☐ 1500 MAC PPO ☐ 1500 No PPO ☐ 2000 MAC PPO ☐ 2000 No PPO ☐ 3000 MAC PPO ☐ 3000 No PPO
Beta Bronze	☐ 1000 MAC PPO ☐ 1000 No PPO ☐ 1500 MAC PPO ☐ 1500 No PPO ☐ 2000 MAC PPO ☐ 2000 No PPO ☐ 3000 MAC PPO ☐ 3000 No PPO
Direct Benefits	☐ MAC PPO ☐ UCR PPO ☐ Network 1200/2500/5000 ☐ Choice 1200/2500/5000 ☐ Choice 1200 ☐ Choice 3500
GPM	☐ MAC PPO ☐ Passive ☐ No PPO ☐ 2500 ☐ 2500 Network
Safe Passage Choice	☐ MAC ☐ Indemnity
Select Quote	☐ MAC PPO ☐ No PPO ☐ UCR
Kind Health	☐ Medium 1000 ☐ Medium 2000 ☐ Low
New Day	☐ MAC
PrimeStar	☐ Protect 1000 ☐ Protect 2000 ☐ Protect Network 1000 ☐ Protect Network 2000 ☐ Solution ☐ Solution Network 2000 ☐ Complete
Dental Select	☐ Coinsurance ☐ Coinsurance Plus ☐ Platinum PPO 1000 Max ☐ Platinum PPO 3000 Max ☐ Platinum PPO 5000 Max Adult Ortho

Vision Plans

☐ EM PL1 ☐ EM SP5 ☐ IP IVAA ☐ IP ☐ VSP PL4 ☐ VSP SP1

☐ V00845 ☐ V00857 ☐ V00860 ☐ V00861 ☐ V00862 ☐ V20242 ☐ V23256 ☐ V23257 ☐ V23259

Policyholder Information

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner* ☐ Civil Union* *As defined by state law.	Social Security Number	Affiliation, if applicable

Policyholder's Last Name	First Name	MI

Date of Birth	☐ Male ☐ Female	Phone Number	E-Mail Address (limit of 60 characters)

Street Address	Apt. #	City	State	ZIP

Billing Street Address (if different than above)	Apt. #	City	State	ZIP

Have you been covered under another dental policy within the last 30 days? ☐ Yes ☐ No

If yes: 1. Please provide an Evidence of Coverage letter, with dates of coverage, from your prior carrier if you are eligible for takeover benefits.
2. Please complete the attached Replacement form.

Applicants and Dependents cannot have the same type of coverage under another Ameritas plan.
(i.e. no two Ameritas dental plans, no two Ameritas eye care plans).

Dependent Coverage Information List all eligible dependents to be covered. (Policyholder must be enrolled to cover dependents)

Print Full Legal Name (last, first, MI)	Relationship	Sex	Date of Birth	Social Security No.
1				
2				
3				
4				
5				

Premium payment frequency: . . ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

Premium method: . . . . . ☐ EFT ☐ ACH ☐ Credit Card ☐ Check ☐ Direct Bill

Agreements by Ameritas

This application will be subject to review and approval by the Home Office of Ameritas Life Insurance Corp. If this application is accepted, the final rates and benefits will be based on verification of this information.

Any policy including riders and rate notifications issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Ameritas Life Insurance Corp., insurance under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

Agreements by Policyholder

I hereby apply for insurance, for which I am eligible. I agree to be responsible for my premiums and those of my enrolled dependents. I acknowledge receipt of the outline of coverage. I understand coverage is NOT in force until the Company issues a Policy showing a Policy Effective Date.

☐ I consent to receiving my Policy, Explanation of Benefits, and other plan information electronically and I will electronically affirm my consent to do so. I understand I need Internet access and that I can withdraw my consent at any time per the notification instructions below. I understand I can receive any of the documents in paper form if I choose.

I have read the statements and answers to the above questions and they are complete and true to the best of my knowledge and belief. All statements are deemed to be representations and not warranties. I understand that it is my responsibility to give notice to Ameritas of changes in my e-mail address or any information above, as well as my status and my family's status that affect coverage, such as marriage, births, or death of someone covered under the policy. I will provide notice electronically through e-mail or in writing to Ameritas or its designee:

Ameritas Life Insurance Corp., PO Box 81889, Lincoln, NE 68501-1889 / 800-487-5533 / e-mail: group@ameritas.com

I understand the policy I am applying for provides dental/eye care/hearing and Lasik benefits only and is not a Medicare supplement.

X _____ _____

Policyholder Signature (do not print) Date

_____ _____

Insurance Producer Name and/or Number (if applicable) Date

regulatory notes

Review your policy carefully

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.