STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
New York, New York

EMPLOYEE APPLICATION FOR DENTAL INSURANCE

PLEASE PRINT IN SPACE PROVIDED

EMPLOYER INFORMATION					
EMPLOYER NAME		LOCATION		GROUP NO.	
EMPLOYEE APPLICANT					
LAST NAME	FIRST NAME			M.I.	
STREET ADDRESS	CITY		STATE	ZIP	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ( )			BIRTH DATE / /	
SEX MALE FEMALE □ □	EMPLOYMENT DATE MM DD YY / /	MARITAL STATUS SINGLE MARRIED □ □	OCCUPATION/TITLE	EMPLOYMENT STATUS ACTIVE INACTIVE □ □	

COVERAGE – Check Those That Apply
(Note: If declining coverage(s), complete the section REFUSAL/WAIVER only)

- I am applying for Dental Coverage for: ❑ Employee Only ❑ Employee & Spouse ❑ Employee & Child(ren) ❑ Employee, Spouse & Child(ren)
- Employee Choice: If your employer offers employee choice, please mark your plan selection *(If employee choice is not offered, leave blank)*:
  ❑ **Value Plan** (**Plan 1)** ❑ **Economy Plan** (**Plan 2)**
  ❑ **Superior Plan PPO Plan (Plan 3)** ❑ **Superior Plan Indemnity (Plan 4)**

DEPENDENT INFORMATION			
SPOUSE NAME	SEX □ MALE □ FEMALE	BIRTH DATE (MM-DD-YY) / /	
CHILD NAME	SEX □ MALE □ FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) □ Yes □ No
CHILD NAME	SEX □ MALE □ FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) □ Yes □ No
CHILD NAME	SEX □ MALE □ FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) □ Yes □ No
CHILD NAME	SEX □ MALE □ FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) □ Yes □ No

WILL YOU OR ANY DEPENDENT HAVE OTHER DENTAL INSURANCE COVERAGE?_____
IF YES, PLEASE LIST THE NAME OF THE OTHER INSURANCE COMPANY AND PHONE NUMBER:
_____

REFUSAL/WAIVER – Complete Only If You Are Declining Coverage For Yourself Or Any Dependent

I DECLINE DENTAL COVERAGE FOR: □ MYSELF □ MY SPOUSE □ MY CHILDREN
REASON FOR REFUSAL:

SSL TDEN-EEAPP 1005

In Arkansas form SSL TDEN-EEAPP AR 1005
In Indiana form SSL TDEN-EEAPP IN 1005
In Kansas form SSL TDEN-EEAPP KS 1005
In Missouri form SSL TDEN-EEAPP MO 1005
In North Carolina form SSL TDEN-EEAPP NC 1005
In Ohio form SSL TDEN-EEAPP OH 1005
In Oklahoma form SSL TDEN-EEAPP OK 1005
In Pennsylvania form SSL TDEN-EEAPP PA 1005
In Wisconsin form SSL TDEN-EEAPP WI 1005

ACKNOWLEDGMENT AND AUTHORIZATION	
I hereby request coverage as outlined above under the Standard Security Life Insurance Company of New York, New York group plan offered by my employer. I authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the Policy provisions. I declare all answers are true and complete.	
WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.	
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 or confinement in prison.	
KANSAS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.	
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.	
OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.	
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.	
DATE	CITY AND STATE
SIGNATURE OF EMPLOYEE APPLICANT	

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