

Dental Insurance Plan Enrollment Card

Security Life Insurance Company of America

Check Type of Plan: Individual Individual + One (1) Eligible Dependent Individual + Family

PO Box 27810, Mpls, Minnesota 55427-0810

		/ /	M <input type="checkbox"/>	For Company Use Only
		Mo Day Yr	F <input type="checkbox"/>	
Social Security No.	Last Name	First	Initial	Effective Date
Home Address			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Plan Code
City, State, Zip		Telephone		

List Below All Eligible Dependents to be covered									
Last Name (if different)	First Name	Initial	Sex M F	Birthdate Mo Day Yr	Last Name (if different)	First Name	Initial	Sex M F	Birthdate Mo Day Yr
2.					5.				
Spouse									
3.					6.				
Child									
4.					7.				

Does Spouse have a dental plan? Yes No With whom? _____ If answer is "Yes" are dependents enrolled under spouse's plan? Yes No

Do you claim a tax exemption for all eligible dependents listed above? Yes No If no, whom do you not claim? _____

All dependent children listed above over Age 18 are full time students? Yes No If no, who is not? _____

MONTHLY PREMIUM: \$ _____	
BILLING MODE: <input type="checkbox"/> ACH	Bank Account Number _____
(Choose one) <input type="checkbox"/> VISA	Credit Card Number _____ Expiration Date _____
<input type="checkbox"/> MASTER CARD	Credit Card Number _____ Expiration Date _____

→ Enclose a check for one month's premium and a voided check

By my signature below, I hereby apply for coverage under SECURITY LIFE GROUP DENTAL INSURANCE POLICY FORM GH-1112.

I hereby authorize that my premiums be charged against my bank or credit card account as indicated above. The authorization remains in effect until revoked by me in writing.

Applicant's Signature	Date	K KNUTSON	41-1993738	41124
INDDENTAPP(7/98)		Agent Name (please print)	Agent TIN	State License Number

Mail completed applications to:

MN Health Insurance Network, Inc

1020 E 146th St, Suite 107

Burnsville, MN 55337-6756