



I. APPLICANT

New Application Change*

* To change your voluntary dental program, complete the items marked with a ✓ in Part I, check coverage in Part II, and sign in Part III.

✓Employer Name _____ ✓Contact (Name/Title) _____

Mailing Address _____ Street _____ City _____ State _____ Zip Code _____
(DO NOT USE P.O. BOX)

✓Phone (_____) _____ Fax: (_____) _____ Nature of Business _____ SIC Code _____
✓Email: _____

✓Effective Date _____ First Anniversary _____ Number of Eligible Employees _____ Number Enrolled _____ ✓Group Number _____

Waiting Period: None ____ Days First of month following ____ days
Applicable to: All Employees Future Employees Only

Effective Date of Employee Participation:
The effective date of dental coverage is the first (1st) of the month following or coincidental to completion of any waiting period.

Does this coverage replace existing dental coverage? Yes No
Continuity of coverage for transfer insureds at takeover rates? Yes (PROVIDE COPY OF PRIOR PLAN & LAST LIST BILL) No

II. SCHEDULE OF BENEFITS (Plan or Plans selected shall be available to all eligible employees)

SCHEDULED BENEFIT PLAN (Minimum Enrollment 2 Eligible Employees)
Plan pays a scheduled amount to service provider based on coverage level, procedure and region.

Coverage Level Gold (with orthodontics) Silver (without orthodontics) Bronze (without orthodontics)
(select one) Gold and Bronze Silver and Bronze

Region Region 1 Region 2 Region 3 Region 4 Region 5

REASONABLE & CUSTOMARY (R&C) BENEFIT PLAN (Minimum Enrollment 30 Eligible Employees)
R&C plan pays a percentage of the reasonable and customary charges to the service provider based on coverage level and procedure. The additional Bronze Plan is not R&C and does not include orthodontic coverage. Bronze Plan pays a *scheduled* amount to the service provider based on procedure and region.

Coverage Level Gold R&C (with orthodontics) Gold R&C and Bronze Scheduled Plan*
(select one) Silver R&C (without orthodontics) Silver R&C and Bronze Scheduled Plan*

***Region** (required only if a Bronze Plan is elected) Region 1 Region 2 Region 3 Region 4 Region 5

III. GENERAL CONDITIONS It is understood and agreed that:

1. This application shall be made part of the Policy for which application is made.
2. All active employees who work at least _____ hours a week are eligible (minimum 20 hours; 17 1/2 hours in VT).
3. Employee coverage is subject to the following conditions: Each employee must make written application to Fort Dearborn Life and sign an authorization for payroll deduction. Employees must be Actively At Work on their effective date of coverage, or coverage will be deferred until the date they return to Active Work. If an employee does not return to Active Work, he will not be covered.
4. Premiums are due and payable monthly on the first day of each month.
5. Except in LA, MD, ME, OR, SD, VT & WA, coverage is provided under a master group policy issued to DNOA Dental Plan Trust II.

The undersigned has read this entire application for dental insurance and agrees: (a) the information provided is accurate to the best of my knowledge; (b) this application and any other information I provide shall serve as the basis for the insurance to be issued; (c) I have a duty to notify the Company of any changes; and (d) I have relied on no oral or written representations that contradict item (3) above.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or statement of claim containing any materially false information and conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties. (Not enforceable in OR, VA or VT.)

New Jersey Applicants Only: Any person who knowingly files false or misleading information on an application for insurance coverage is subject to criminal and civil penalties.

Signed at _____, this _____ day of _____ Year: _____

Authorized Signature

Licensed Resident Agent (If required)



STATEMENT OF UNDERSTANDING

between

FORT DEARBORN LIFE INSURANCE COMPANY ("FDL")

and _____ ("the Employer")

The Employer hereby grants FDL the right to offer each of the Employer's eligible employees, as defined in the application, the opportunity to participate in the Voluntary Benefit Program. This authorization is based on the following reciprocal agreements:

1. An enrollment will be conducted of the Employer's eligible employees.
An initial enrollment period will be held from _____
through _____.
Annual enrollment will be held _____.
2. The Employer agrees to provide a letter endorsing the Voluntary Benefit Program.
3. The Employer agrees to distribute FDL enrollment materials to all eligible employees.
4. The Employer agrees to collect and communicate to FDL acceptance or declination of the plan by each eligible employee.
5. The Employer will administer payroll deductions for the employees and remit premiums monthly on the first of each month.
6. The Employer agrees to notify FDL as soon as possible when the voluntary or involuntary termination of a participating employee takes place.

Signed this _____ day of _____, Year _____

Authorized Signature / Employer

Authorized Signature / FDL



The laws of some states require us to furnish you with the following notice:

Arkansas & Massachusetts

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 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.

District of Columbia

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.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

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 information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

New Jersey

Any person who knowingly files false or misleading information on an application for insurance coverage is subject to criminal and civil penalties.

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.

Oklahoma

Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Washington

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

All other states

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. (Not enforceable in Oregon or Virginia.)