## SECURITY LIFE INSURANCE COMPANY OF AMERICA Minnetonka, Minnesota

## eHealthInsurance.com EyeCare Solutions DentalCare Solutions

## Dental & Vision Employee Enrollment Form

						/ / Mo. Day Yr.	M 🗌 F 🗌	For Company Use Only			
Social Security No. Applicant's Name (Last/First/ Initial)						Birth Date	Sex	Effective Date			
Home Address (City/State/Zip) Telephone No.: ( )						Married Single		Plan Code			
								Waiver		CPT	
Name of Employer or Organization (if applicable)						Full-Time Hire Date (if applicable)					
						( )		Group Numbe	ər	Division Number	
Address (City/State/Zip) (if applicable)						Telephone No:			_		
ADDITIONAL INFORM		1.1									
New Enrollment Family Addition New Hire (if applicable) Re-hire (if applicable) Decline Termination-Reason:											
Relationship	DN List or Sex M /	(	Last Name	First Nam			M.I.	Birth Date	Fι	ull-Time Student Y / N	
		_									
		_		<u> </u>	_						
COVERAGE SELECT	ION			· · · ·							
<ul> <li>Group Dental Coverage provided under the Group Dental Policy issued to the Trusteed Group Policyholder</li> <li>I apply for group dental coverage for:         <ul> <li>Myself only</li> <li>Myself and Eligible Dependents</li> </ul> </li> <li>Does Spouse have a dental plan?  Yes Insurer Name:</li> </ul>						<ul> <li>Group Vision Coverage provided under the Group Vision Policy issued to the Group Policyholder (policyholder may be trusteed group policyholder in some states)</li> <li>I apply for group vision coverage for:         <ul> <li>Myself only</li> <li>Myself and Eligible Dependents</li> </ul> </li> </ul>					
BY MY SIGNATURE BELOW, I HEREBY APPLY FOR THE COVERAGE OR COVERAGES SELECTED ABOVE. Applicant's Signature Date						I HEREBY AUTHORIZE PAYROLL DEDUCTIONS FROM MY EARNINGS FOR ANY CONTRIBUTIONS REQUIRED. Applicant's Signature Date THIS AUTHORIZATION REMAINS IN EFFECT UNTIL REVOKED BY ME IN WRITING.					
Plan Identification:						Administrator: JLT Services Corporation PO Box 1471 Waterbury, CT 06721 Phone: (877) 862-8949 (toll-free) Fax: (203) 754-3941					