



Employee Leasing
Time is Money... let us save you both!

October 17, 2016

To: All Employees
From: Onceblue Enterprises, Inc. dba Employee Leasing, Inc.
Subject: Dental & Vision Plan Open Enrollment

Dear Employee,

Starting this year, Employee Leasing, Inc will be introducing a new Dual Dental PPO plan and Vision plan.

DENTAL

❖ **Plan 1**

- You will have \$2,000 annual max per calendar year.
- All preventative services will be covered at 100%.
- Basic Services will be covered at 80% and major procedure will be at 50% (please see detailed schedule of benefits).
- With this plan you can go in and out of the network with Reliance Standard.
- See <http://www.reliancestandard.com/dental-vision/>

❖ **Plan 2**

- You will have a \$3,000 annual max per calendar year.
- You will have a \$250.00 deductible first. Then all services will be paid at 80% for preventative, basic and major procedure.
- This plan is much more affordable but you **MUST STAY IN THE NETWORK**. You will not have as much advantage of benefit if you leave the network. Changing to out-of-network is not recommended for this reason. Please see attached plan description for more details.

VISION

- ❖ This plan is a 12/12/12 which means you can obtain a new pair of glasses every year if you desire.
 - Exam- \$ 10.00
 - Lenses- \$ 25.00
 - Frame Allowance- \$ 120.00- Anything over allowance you will have a 20% discount.
- ❖ The network is called "Eyemed" which you can go to any "chain" stores (Sears, Walmart, Target, JC Penny, etc.) or have the option of going to a private optometrist. Please see attached detailed schedule of benefit and network providers online. See <http://www.reliancestandard.com/dental-vision/>



Employee Leasing

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LIFE INSURANCE

- ❖ If someone wishes to obtain life insurance please contact our brokers Adrian Jauregui or Alma Zazueta at 909-484-2456 or Adrian.Jauregui@cumbreinc.com Alma.Zazueta@cumbreinc.com.

If you do not want coverage, please fill out the WAIVER FORM (part 3). If you decided to enroll or add dependents after this period, you will need to experience a “Qualifying Event” to make any changes after the open enrollment period expires. If one of the following events occurs you will have 30 days to notify your human resources department to make a change outside of the open enrollment period. A qualifying event can be:

1. Loss of other group insurance.
2. Marriage
3. Divorce
4. Childbirth or Adoption
5. Death

Please let me know of any changes you may need to make by October 31, 2016.

Sincerely,

Onceblue Enterprises, Inc. Representative

Onceblue Enterprises

Dental Highlight Sheet

Plan 1: Dental Plan Summary

Effective Date: 12/1/2016

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person) Allowance	\$2,000 per calendar year Discounted Fee
Waiting Period	12 months - Type 3 applies if there are less than 25 plan members enrolled
Annual Eye Exam	None
LASIK AdvanceSM	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) 	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$38.02
EE + Spouse	\$74.69
EE + Children	\$86.80
EE + Spouse & Children	\$123.48

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

eCard

Once you are enrolled in the plan, your plan member ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. To get one of these ID cards, visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Enrolled members may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Onceblue Enterprises

Dental Highlight Sheet

Rx Savings

Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To get the Rx discount, members need to present an Rx discount savings ID card. To get one of these ID cards, visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.

Eyewear Savings

Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Type 3 Waiting Period - all plan members

Plan members become eligible for benefits after a 12-month waiting period from the date they are enrolled in the plan.

Dental Network Information

To find providers near you, visit our website at www.rsl.com/dental-vision. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. California Residents: When prompted to select your network, choose the network found on your ID Card.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on December 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Onceblue Enterprises

Dental Highlight Sheet

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Domestic Partner

California state law requires that coverage shall be provided to Registered Domestic Partners that is equal to, and subject to the same terms and conditions as, the coverage provided to a spouse. Registered Domestic Partner means a partner of the Insured as long as the partnership meets the requirements for such relationship as defined in Section 297 of the California Family Code or the functional equivalent registration of any other state or local jurisdiction.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

Onceblue Enterprises

Dental Highlight Sheet

Plan 2: Dental Plan Summary

Effective Date: 12/1/2016

Eligible Expenses (Plan Pays)	
Benefit Level 1	0% of first \$250
Benefit Level 2	80% of remaining eligible expenses
Maximum (per person)	\$3,000 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Eye Exam	None
LASIK Advance SM	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Sample Procedures all levels		
• Routine Exam (2 per benefit period)	• Space Maintainers	• Endodontics (surgical)
• Bitewing X-rays (2 per benefit period)	• Restorative Amalgams	• Periodontics (nonsurgical)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Restorative Composites	• Periodontics (surgical)
• Periapical X-rays	• Onlays	• Denture Repair
• Cleaning (2 per benefit period)	• Crowns (1 in 5 years per tooth)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Crown Repair	• Simple Extractions
• Sealants (age 16 and under)	• Endodontics (nonsurgical)	• Complex Extractions
		• Anesthesia

Monthly Rates

Employee Only (EE)	\$25.77
EE + Spouse	\$50.55
EE + Children	\$41.50
EE + Spouse & Children	\$66.28

Reliance Standard Life Insurance Company

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eCard

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Onceblue Enterprises

Dental Highlight Sheet

Rx Savings

Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To get the Rx discount, members need to present an Rx discount savings ID card. To get one of these ID cards, visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.

Eyewear Savings

Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Dental Network Information

To find providers near you, visit our website at www.rsl.com/dental-vision. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. California Residents: When prompted to select your network, choose the network found on your ID Card.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on December 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are first eligible. If you sign up after this initial enrollment period, you will become a late entrant and will not be eligible to start receiving benefits until six months after you enroll.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Domestic Partner

California state law requires that coverage shall be provided to Registered Domestic Partners that is equal to, and subject to the same terms and conditions as, the coverage provided to a spouse. Registered Domestic Partner means a partner of the Insured as long as the partnership meets the requirements for such relationship as defined in Section 297 of the California Family Code or the functional equivalent registration of any other state or local jurisdiction.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

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Eye Care Highlight Sheet

Plan 1: TrueView Plan A Summary

Effective Date: 12/1/2016

	EyeMed Select Network	Out of Network
Deductibles		No deductible
Annual Eye Exam	\$10 Exam	
Lenses (per pair)	\$25 Eye Glass Lenses	Up to \$30
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Covered in full	Standard: Up to \$40
Premium (Allowance)	Premium: 10% discount + \$40 Allowance	Premium: Up to \$40
Elective	Up to \$80	Up to \$64
Medically Necessary	Covered in full	Up to \$200
Frames	\$100	Up to \$45
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Lens Options (member cost)

	EyeMed Select Network	Out of Network
Progressive Lenses		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Monthly Rates

Employee Only (EE)	\$10.24
EE + Spouse	\$20.36
EE + Children	\$18.64
EE + Spouse & Children	\$28.76

Onceblue Enterprises

Eye Care Highlight Sheet

Additional TrueView A Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

eCard

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Eye Care Highlight Sheet

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 866-723-0514. Your claim forms can be faxed in to 866-293-7373. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

enrollment/change/waiver Group Insurance Form

Reliance Standard Life Insurance Company P.O. Box 82510, Lincoln, NE 68501-2510 / 800-497-7044 / Fax: 402-467-7338

Policy and Div. # 136- _____
Cert. # _____

COBRA: If individual is a continuee:	Qualifying Event	Date of Event
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Name and Address of Employer (Policyholder) _____

1 to enroll Dental Eye Care To terminate all coverages

Select plan:
<input type="checkbox"/> Basic Vision
<input type="checkbox"/> Sharper Vision VSP Network
<input type="checkbox"/> TrueView Vision EyeMed Network

Employee Information

Marital Status Single Married Civil Union* Domestic Partner* *As defined by state law or your Group.

Social Security number _____ Dept. number _____

Employee's last name, first name, MI _____

Date of birth _____ Male Female Full time date of hire _____ Rehire: Rehire date _____

Occupation _____ Hours worked each week _____ Are your earnings paid: Hourly or Salaried

Street address _____ City _____ State _____ ZIP _____

E-mail address (limit of 60 characters) _____

Are you covered under another **dental** insurance plan? **Employee:** Yes No **Dependents:** Yes No

Are you covered under another **eye care** insurance plan? **Employee:** Yes No **Dependents:** Yes No

Dependent Coverage Information

List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Please Sign (employee/policyholder) The certificate provides dental and eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

X Employee Signature (do not print) _____ Date _____ **X** Policyholder Signature (do not print) _____ Date _____

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. (State-specific statements on back.)

Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

2 to change

Name Change New Name _____ Old Name _____

Add Dependent Coverage

If due to marriage, what is the date of marriage? _____ If due to birth/adoption, what is the date of event? _____

If due to loss of coverage, date and reason: _____

If other, the date of event and please explain: _____

Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____

Due to divorce Due to death Due to annual election period Exceeds maximum age to qualify as dependent

Other (please explain) _____

3 to waive

IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

myself (does not apply to TRUST policies) spouse/domestic partner child(ren) only spouse/domestic partner and child(ren)

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: 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.

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

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: 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.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: 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.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: 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, may be 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.

Note for Washington, D.C. Residents: 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.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number** – to make sure plan members are added to the correct group.
- **Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date** – needed so the correct effective date is calculated for new members.
- **Class Number** – needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . .) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.