

**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas

Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735

Phone: 512-383-0220

**Dental – Vision – Accidental
Death & Dismemberment
Enrollment Card / Application**

Name of Employer	Group #
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Employee/Primary Insured/Owner	last	first	M.I.	Social Security Number	<input type="checkbox"/> Female <input type="checkbox"/> Male
				/ /	

Home Address	street	city	state	zip code
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Home Telephone ()	Date of Birth / /	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Work 30 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hire / /
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LIST NAME, RELATIONSHIP, SEX AND DATE OF BIRTH OF EACH DEPENDENT YOU WISH TO INSURE.

Name	Rel.	Sex	Date of Birth	Name	Rel.	Sex	Date of Birth

DENTAL: Edge Plus – A
VISION: Plan A **AD&D:** \$10,000

Employee Only Employee & One Dependent Employee & Family

ACCIDENTAL DEATH & DISMEMBERMENT

The beneficiary of this account will be the legal spouse of the insured. If the insured is not married, then the estate of the insured will receive the proceeds. Dependent children’s beneficiary will be the primary insured/employee.

- Will this insurance replace any other insurance? No Yes – Give Company Name and Policy # _____
- Does the agent have knowledge this insurance will replace any other insurance? No Yes
- Contingent Owner of Policy & Child Rider (if applicable) _____ Age _____ Relationship to Insured _____

I authorize my employer to deduct from my earnings the amount to cover my share of the contribution for coverage indicated above. I further represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

All statements and descriptions in this application for insurance are deemed to be representations and not warranties.

FRAUD NOTICE

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. (Except in Colorado, Georgia, Kansas, Kentucky, Louisiana, Maine, Nebraska, New Mexico, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah & Washington.) In 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. In Georgia, Kansas, Nebraska, Oregon & Utah, 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 may be guilty of insurance fraud (as determined by a court of law - in the state of Kansas). In Kentucky, 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. In Louisiana & Rhode Island, any person who knowingly presents 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. In Maine and Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. In 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. In 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. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Signature of Employee/Primary Insured/Owner: X _____ Date: _____

Print Agent Name: _____ Agent License I.D. # _____

Licensed Agent Signature: X _____ Agent # _____ Date: _____

For Home Office Use Only

State _____	FR# _____	EPSI# _____	WP _____	OE _____	Effective Date _____
Notes:					1 / 15
					Alpha Checked _____

Writing Agent Name: _____ Agent # _____

Splitting Agent Name: _____ Agent # _____