

**GROUP INSURANCE ENROLLMENT FORM
AND CHANGE REQUEST**



- | | |
|--|--|
| <input checked="" type="checkbox"/> New Employee | <input type="checkbox"/> Change Address |
| <input type="checkbox"/> Add/Increase Coverage | <input type="checkbox"/> Change Dependent Coverage |
| <input type="checkbox"/> Change Beneficiary | <input type="checkbox"/> Change Class or Status |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Terminate Coverage |

Companion Use Only	
Approved: <input type="checkbox"/> Declined: <input type="checkbox"/>	Date: _____
By: _____	

TO BE COMPLETED BY EMPLOYER		Group No. (10 digit #)	DEPT/DIV (3 digit #)	CLASS
Name of Employer (Use Name from Group Billing Notice or Master Application) Community Action Partnership of Mid Nebraska				

TO BE COMPLETED BY EMPLOYEES											
Social Security Number		Effective Date			Date Employed Full Time			Date of Birth			Hours Worked Per Week
		Month	Day	Year	Month	Day	Year	Month	Day	Year	
Your Name Last		First			M.I.		Sex	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually (Do not include over-time or bonuses.) <input type="checkbox"/> Female <input type="checkbox"/> Male			Earnings \$ _____
Marital Status		Occupation		Your Home Address			City		State	Zip Code	
<input type="checkbox"/> Single <input type="checkbox"/> Married											

COMPLETE FOR LIFE AND/OR DISABILITY											
COVERAGE REQUESTED <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> AD&D <input type="checkbox"/> Dependent Life Insurance <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Voluntary LTD <input type="checkbox"/> Voluntary Life											
(Amount Selected) EMPLOYEE:		Life		AD&D		SPOUSE:		Life		CHILD: \$ _____	
Spouse Name: Last		First			Middle		Birthdate		Social Security Number		
<i>(Voluntary Life Only)</i>											
Beneficiary for Employee Coverage/Relationship: <i>(Employee is beneficiary for spouse coverage.)</i>											
Last		First			Middle		Relationship to Insured				

COMPLETE FOR DENTAL AND/OR VISION									
Coverage Requested: <input type="checkbox"/> Dental For Employee Only <input type="checkbox"/> Dental For Employee and Dependents <input type="checkbox"/> Vision For Employee Only <input type="checkbox"/> Vision For Employee and Dependents									
Is your spouse to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental and/or Vision Coverage Is For (Check Box Below): <input type="checkbox"/> Employee <input type="checkbox"/> Employee plus Spouse <input type="checkbox"/> Employee plus Child(ren) <input type="checkbox"/> Family						Are you or any of your dependents covered for dental insurance under another policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete for Dependent Coverage				Full-time	Gender	Do any of your dependents have any other dental coverage? If Yes, Name of Carrier	
Spouse Name (Last)	(First)	(Middle Initial)	Student Y/N	Date of Birth	M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILDREN	1			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFUSAL OF GROUP INSURANCE			
I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.			
Coverage Refused (Check All That Apply): <input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Dependent Life <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Voluntary LTD <input type="checkbox"/> Dental <input type="checkbox"/> Voluntary Dental			

FRAUD WARNING (Not Applicable in AZ, FL, GA, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): 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.

Date	Your Signature
	X

NOTICE TO PROPOSED INSURED – DETACH AND GIVE TO PROPOSED INSURED

In connection with your application for insurance as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional, detailed information concerning the nature and scope of this investigation will be provided.

hearing *Services* plan

COMPANION LIFE'S HEARING SERVICES PLAN

The Hearing Services Plan is included **free of charge** on all Companion Life Dental plans including Dental "Cents," Dental by Design, and Voluntary Dental.

summary of benefits and savings

The Companion Life Hearing Services Plan benefits and savings are:

Hearing tests

Hearing aids

Hearing aid batteries

Ear protection

Swim plugs

Musician earplugs

Hearing aid cleaning supplies and accessories

Assistive listening devices

TV ears (amplifies and clarifies television)

Alerting and signaling devices

What does the plan do for you?

The **Companion Life Hearing Services Plan** identifies and screens qualified experts -- physicians and audiologists in your neighborhood. We also research and evaluate hearing aid technology to assure that the latest and most effective options are available to you. We negotiate the best prices for all treatments, including hearing aids. Prices you get from EPIC may be as much as 50% below manufacturers suggested retail price and up to 35% lower than most discount offers. And we also coordinate the coverage with your existing healthcare plans.

getting started is easy!

To activate your **Companion Life Hearing Services Plan** benefits, call EPIC Hearing Health Care at 1-866-956-5400. EPIC will send you a card with all the information you need to access your benefits, including referrals to providers near you and activation forms to access them. You get a booklet outlining all the plan benefits, including detailed pricing. And you get a personal EPIC phone contact who can answer any questions you may have.

To receive more information about the Companion Life Hearing Services Plan, visit www.epichearing.com, e-mail epic-admin@epichearing.com or call Customer Service at 1-866-956-5400.

INTRODUCING COMPANION LIFE'S HEARING SERVICES PLAN

The Companion Life Hearing Services Plan is provided **free of charge** to all employees enrolled in a Companion Life Dental plan. The Hearing Services Plan may be extended to any family member!

With the Companion Life Hearing Services Plan, you can get assistance, protection and treatment for your hearing. Brought to you by **Companion Life** and **EPIC Hearing Health Care**, this plan gives you easy access to a national network of thousands of hearing health professionals - primarily physicians and audiologists - who can help you achieve your maximum hearing potential throughout your life.

The plan is a negotiated benefit. You pay nothing to join and get reduced rates for most fees and costs associated with your hearing healthcare under the plan.

about the epic organization

EPIC (Ear Professionals International Corporation) is the nation's largest coalition of hearing healthcare physicians and audiologists. EPIC physicians pioneered and developed many of the current treatments and are recognized nationally as leaders in professional education, hearing diagnostics and interventions.

vision *discount* plan

COMPANION LIFE'S VISION DISCOUNT PLAN

The Vision Discount Plan is included **free of charge** on all Companion Life Dental plans including Dental "Cents," Dental by Design, and Voluntary Dental.

Vision Care Services

Exam with Dilation (as necessary)
Contact Lens Fit and Follow-up
Standard
Premium*

In Network Only

\$5 off exam
\$10 off exam
\$10 off exam

When a complete pair of glasses is purchased (frame, lenses and lens options purchased in the same transaction), the following discounts apply.

Frames

Any available frame at provider location

35% off retail price when complete pair of eyeglasses purchased; otherwise 20% discount.

Standard Plastic Lenses

Single Vision
Bifocal
Trifocal

Member Pays

\$50
\$70
\$105

Lens Options

UV Coating
Tint (Solid and Gradient)
Standard Scratch Resistant Coating
Standard Polycarbonate
Standard Anti-Reflective Coating
Standard Progressive (Add-on to Bifocal)
Other Add-Ons and Services

Member Pays

\$15
\$15
\$15
\$40
\$45
\$65
20% off retail

Contact Lens Materials (Discount applied to materials only)

Conventional
Disposable

15% off retail price
no discount

Laser Vision Correction**

Lasik or PRK
15% off retail price or 5% off promotional price

Frequency

Examination
Frame
Lenses or Contact Lenses

Unlimited
Unlimited
Unlimited

* Items purchased separately will be discounted 20% off of the retail price.

** Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this document may not always be available from a provider in your immediate location. For a location nearest you and the discount authorization, please call 1-877-5LASER6.

INTRODUCING COMPANION LIFE'S VISION DISCOUNT PLAN

What is Companion Life's Vision Discount Plan?

It's a managed vision care program combining unlimited choice with quality and value. And it is provided **free of charge** to all employees and dependents enrolled in any Companion Life Dental plan. The provider network and customer service is by EyeMed Vision Care.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. Members will receive a 20% discount on items not included under plan coverage if purchased at participating providers. This 20% discount may not be combined with any other discounts or promotional offers, and does not apply to EyeMed Provider's professional services or contact lenses. Retail prices may vary by location.

Contract Term: Discount valid for 24 months from your group's effective date.