HOW TO ENROLL IN YOUR SAFEHEALTH POLICY...

**SOME EMPLOYERS HAVE ELECTRONIC ENROLLING SYSTEMS OR THEIR OWN SPECIALIZED FORMS.
IF YOU HAVE RECEIVED ALTERNATE ENROLLMENT INSTRUCTIONS FROM YOUR EMPLOYER,
PLEASE DISREGARD THE DIRECTIONS BELOW.**

1. To enroll, complete the Enrollment Form and return it to your Benefits Coordinator or SafeHealth.
2. Please print legibly when completing the Enrollment Form.
3. Complete all the information for the insured and eligible dependents.
4. Review the form to ensure all information is completed and readable. Sign and date in the space provided.
5. Make a photocopy of the Enrollment Form for your records before submitting to your Benefits Coordinator or SafeHealth.

SAFEHEALTH LIFE INSURANCE COMPANY Indemnity/PPO Enrollment Form

FOR BENEFITS COORDINATOR USE ONLY Group Name	Group Number	Loc #	Effective Date	Date of Hire
Social Security Number ___ ___	Last Name	First Name		MI
Home Address Apt. No.	City	State	Zip	
Home Telephone ( )	Work Telephone ( )	Date of Birth	Male/Female	

Dependent Information

Check One:

- ☐ E ONLY
- ☐ E + SPOUSE
- ☐ E + CHILDREN
- ☐ E + FAMILY
- ☐ WAIVE COVERAGE

Please Print	First Name	Last Name	M/F	Date of Birth		
				MO	DAY	YEAR
Spouse						
Child						
-						
-						

FLORIDA RESIDENTS ONLY: Any person who knowingly and with intent to insure, 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.

☐ I hereby apply to SafeHealth Life Insurance Company for Group Dental Insurance as presented to me and authorize my employer to make any necessary deduction from my salary to pay the premium when my insurance becomes effective.

Your Name (Please Print)	Your Signature	Date

Waiver of Coverage

I have been given the opportunity to apply for group dental insurance, but:

☐ Do not choose to elect this coverage.
☐ Am covered under spouse's dental policy with ____________________
Name of Insurance Company