

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 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: <input type="checkbox"/> E ONLY <input type="checkbox"/> E + SPOUSE <input type="checkbox"/> E + CHILDREN <input type="checkbox"/> E + FAMILY <input type="checkbox"/> WAIVE COVERAGE	Please Print	First Name	Last Name	M/F	Date of Birth		
					MO	DAY	YEAR
	Spouse						
	Child						
	-						
	-						

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
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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