

# How to Enroll in Pearl Dental Insurance Plans

1. Complete the Dental Insurance Enrollment Form below.
2. Complete the payment method section.
3. Return your completed form and check (made payable to **United States Life**) to Administrator:  
**Pearl Insurance, 1200 East Glen Avenue, Peoria Heights, IL 61616-5348**

Underwritten by:  
The United States Life Insurance Company in the City of New York

## FOR COMPANY USE ONLY

EFFECTIVE DATE \_\_\_\_\_

PLAN CODE \_\_\_\_\_

WAIVER CPT \_\_\_\_\_

GROUP # \_\_\_\_\_

DIVISION # \_\_\_\_\_

## DENTAL INSURANCE ENROLLMENT FORM

ENROLL ME IN THE:  **PLATINUM PLAN** Policy V-610,235  **GOLD PLAN** Policy V-610,233  **SILVER PLAN** Policy V-610,234

LAST NAME FIRST M. I.

HOME ADDRESS

CITY STATE ZIP PHONE

NAME OF PROFESSIONAL ASSOCIATION YOU BELONG TO (IF APPLICABLE)

EMPLOYER

EMPLOYER ADDRESS  (CHECK TO HAVE NOTICES MAILED TO EMPLOYER ADDRESS)

CITY STATE ZIP PHONE

EMAIL

DATE OF BIRTH / /  MALE  FEMALE

Marital Status:  MARRIED  SINGLE  
 WIDOWED  DIVORCED

Please bill my:  RESIDENCE  EMPLOYER

Applying for coverage of:  
 APPLICANT  APPLICANT + 1  APPLICANT + FAMILY

Does spouse have a dental plan?  YES  NO

With whom? \_\_\_\_\_

If "Yes," are dependents enrolled under spouse's plan?  YES  NO

Proof of full-time student status must be submitted for children between ages 19-23.

**Important Notice** - Any person who knowingly and with intent to defraud any insurance company or other person files a 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 may be a crime. (Fraud provisions vary by state.)

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ AG-6937

### List below all dependents to be covered:

LAST NAME (IF DIFFERENT)	FIRST	M.I.	SEX	DATE OF BIRTH
SPOUSE:				/ /
CHILD:				/ /
CHILD:				/ /
CHILD:				/ /

## PAYMENT METHOD SECTION

### Electronic Funds Transfer (EFT)—Save \$14.00 per Year:

Enjoy the convenience of having your premium payment automatically withdrawn each month and the assurance that your coverage will not lapse due to a late payment. Complete the authorization agreement below. For checking account withdrawals, **include a voided blank check**. Write "VOID" across the blank check. Complete the premium calculation section for monthly EFT. Remit your check (made payable to **United States Life**) to Pearl Insurance for the first two monthly premiums and the one-time enrollment fee. Future premiums will be deducted from your checking or savings account.

#### Premium calculation for monthly EFT

- Determine your monthly premium according to the area/rate chart  
\$ \_\_\_\_\_ X 2 = \$ \_\_\_\_\_
- EFT administration fee @ \$.50 per month ..... \$ 1.00
- **Total remittance to begin EFT** ..... \$ \_\_\_\_\_

### Quarterly Direct Bill:

Direct billing is available on a quarterly basis. The quarterly billing dates are January, April, July and October. If your coverage effective date falls in the middle of a quarter, your premium will be prorated. Complete the premium calculation section for quarterly direct bill. Remit your check (made payable to **United States Life**) to Pearl Insurance for the total remittance due.

#### Premium calculation for quarterly direct bill

- Determine your monthly premium according to the Area/rate chart  
\$ \_\_\_\_\_ X 3 = \$ \_\_\_\_\_
- Quarterly direct bill administration fee ..... \$ 5.00
- **Total remittance to begin quarterly direct bill** ..... \$ \_\_\_\_\_

## AUTHORIZATION AGREEMENT TO DRAFT BANK ACCOUNT

Please complete the following information:

### 1. My Account is:

- Checking (include voided check)
- Savings (include deposit slip or copy of account statement)

2. Name of Bank or Institution: \_\_\_\_\_

3. Account #: \_\_\_\_\_

I hereby authorize you to electronically charge my account for premium debits to The United States Life Insurance Company in the City of New York, c/o Pearl Insurance, Peoria Heights, Illinois. I understand my account will be charged according to my billing due date. The deduction will be made on the first of each month. I agree that this electronic payment shall be regarded the same as if a check was written by me and drawn on my account. This authorization is to remain in effect until revoked by me in writing. I understand that this authorization may be terminated: (1) at the option of Pearl Insurance if any debt is not honored when presented for payment, or (2) upon thirty (30) days' written notice given by Pearl Insurance, the bank or me.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PRODUCER INFORMATION

### NOTE:

If you have written business with United States Life Insurance Company in the City of New York/Pearl Insurance in this State during the calendar year, just complete your name and Tax ID and sign below. There is no need to submit a copy of your license with every case.

PRODUCER NAME

INSURANCE LICENSE #

ADDRESS

Insurance license attached:

YES

NO

CITY

STATE

ZIP

Are you currently appointed with  
United States Life?

YES

NO

( )

PHONE

EMAIL

TAXPAYER # OR SOCIAL SECURITY #

PRODUCER SIGNATURE

**Pearl Insurance**

PEARL INSURANCE AGENT ID # (IF ASSIGNED)

GENERAL AGENT