

Reply Today!

PLEASE MAIL YOUR ENROLLMENT FORM TO:

Plan Administrator, Pearl Insurance
1200 East Glen Avenue, Peoria Heights, IL 61616-5348

Enrollment Form



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

Yes! Please enroll me in the DentalSelect Insurance Plan

100146-DEN-SCH-Gen

COMPLETE THE APPLICANT INFORMATION:

Applicant Name	First	MI	Last	Date of Birth (/ /)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
E-Mail	Social Security Number			Daytime Phone Number	
Street Address			City	State	ZIP

INDICATE COVERAGE DESIRED (check only one):

Applicant Only – \$24/month Applicant & Spouse – \$43/month Applicant & Children – \$43/month Applicant & Full Family – \$58/month

PROVIDE DEPENDENT INFORMATION (if applying):

Name	Date of Birth	Social Security Number
Spouse	/ /	
Child	/ /	
Child	/ /	
Child	/ /	

(Eligible children include your unmarried, dependent children up to age 19, or 25 if a full-time student; dependent age varies by state.)

PLEASE SIGN AND DATE BELOW TO ENROLL:

I hereby enroll with The United States Life Insurance Company in the City of New York for coverage under this Dental Plan. I have read and understand the conditions and exclusions of the program. I understand that the coverage applied for shall become effective on the first day of the month after receipt of my enrollment form and first premium payment. **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.)**

X	/ /	X	/ /
Applicant's Signature	Date	Spouse's Signature (if applying)	Date

PLEASE SELECT YOUR PAYMENT METHOD (SEND NO MONEY NOW!):

<p>Save \$14.00 per year using EFT over direct billing:</p> <p><input type="checkbox"/> Monthly Electronic Funds Transfer (EFT)</p> <p>– or –</p> <p><input type="checkbox"/> Quarterly Electronic Funds Transfer (EFT)</p> <p>Enjoy the convenience of having your premium payment automatically withdrawn either monthly or quarterly and the assurance that your coverage will not lapse due to a late payment.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. Premiums will be deducted from your checking or savings account. A one-time enrollment fee of \$25.00 will be added to your first payment. An EFT administration fee of \$.50/month or \$1.50/quarter also applies.</p>	<p><input type="checkbox"/> Quarterly Direct Bill:</p> <p>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. A one-time enrollment fee of \$25.00 will be added to your first payment. A direct bill administration fee of \$5.00/quarter also applies.</p>
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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 or quarter. 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 the credit for payment is conditioned upon the order being honored when presented. 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.

X	/ /
APPLICANT'S SIGNATURE	DATE

PRODUCER INFORMATION

NOTE:

If you have written business with The 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

ADDRESS

CITY STATE ZIP

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PHONE E-MAIL

TAXPAYER # OR SOCIAL SECURITY #

PEARL INSURANCE AGENT ID # (IF ASSIGNED)

INSURANCE LICENSE #

Insurance license attached: YES NO

Are you currently appointed with USL? YES NO

PRODUCER SIGNATURE

Pearl Insurance

GENERAL AGENT