



# Secure DentalOne Application for Coverage (Idaho)

Underwritten by Standard Security Life Insurance Company of New York

Group information: Name - Communicating for America; Location - Washington, DC

## APPLICANT

Applicant Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex .....  Male  Female

Marital Status .....  Single  Married

Telephone number ( ) - \_\_\_\_\_

Email \_\_\_\_\_

## REFUSAL/WAIVER

Complete only if you are declining coverage for yourself or any dependent.

I decline coverage for:

Myself  My spouse  My children

Reason for refusal: \_\_\_\_\_

## ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby request coverage as outlined above under the Standard Security Life Insurance Company of New York group plan offered by the Group. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the Policy provisions. I declare all answers are true and complete, to the best of my knowledge and belief.

**WARNING:** Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Date \_\_\_\_\_ City and State \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

SSL ADEN-MBR APP ID 0606

**NOTICE TO BUYER: THIS IS AN APPLICATION FOR DENTAL INSURANCE ONLY. READ YOUR CERTIFICATE CAREFULLY.**

**Note: This application is valid only for residents of Idaho. To apply for Secure DentalOne in other states, see generic or state-specific applications.**

## COVERAGE

Check Those That Apply (Note: If declining coverage(s), complete the section REFUSAL/WAIVER only)

### Dental Insurance

Member  Spouse  Children

Requested Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Plan Name Elected \_\_\_\_\_

## DEPENDENT INFORMATION

Spouse's Name \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex .....  Male  Female

Child's Name \_\_\_\_\_ Sex .....  Male  Female

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student (over age 19) .....  Yes  No

Child's Name \_\_\_\_\_ Sex .....  Male  Female

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student (over age 19) .....  Yes  No

Child's Name \_\_\_\_\_ Sex .....  Male  Female

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student (over age 19) .....  Yes  No

Child's Name \_\_\_\_\_ Sex .....  Male  Female

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student (over age 19) .....  Yes  No

Will you or any dependent have other dental insurance coverage? .....  Yes  No

If yes, please list the name of the other insurance company and phone number: \_\_\_\_\_

## Secure DentalOne Rate Calculation Chart (Idaho)

Underwritten by Standard Security Life Insurance Company of New York

### Secure DentalOne Rate Chart

Rates	ClassicOne	PremierOne
	\$750	\$1,250
Single	24.32	29.50
Single + 1	45.87	55.64
Single + 2	59.87	72.63
Single + 3	73.90	89.65
Single + 4	87.93	106.67
Single + 5	101.96	123.69
Single + 6 or more	115.96	140.67

### ZIP CODE AND AREA RATE FACTOR CHART

State	Factor
<b>Idaho</b> (all other zips)	0.81
<b>Idaho</b> (83837)	1.00

SDO Zip areas ID 1-08

### CALCULATE YOUR COST

- Based on the plan desired and people to be insured. Enter your monthly rate.     \$ \_\_\_\_\_
  - Locate your state and zip code prefix. Enter the factor.     \_\_\_\_\_
  - Multiply the rate by the factor.     x \$ \_\_\_\_\_
  - Add the Optional OrthoCare Discount Program  
*Individual*     + \$ 5.00  
*Individual + 1 or more*     + \$ 8.00
  - Add the monthly administration fee.     + \$ 5.00
- Subtotal**     \$ \_\_\_\_\_
- Multiply by number of months  
 [ \_\_\_\_ (months) x \$ \_\_\_\_\_ (subtotal) = ]     + \$ \_\_\_\_\_
  - Add the **ONE-TIME** enrollment fee     + \$ 20.00
- Total Due**     \$

**Make checks payable to:** HPA, Inc.

**Mail application to:** Insurance Services of America  
 1757 E. Baseline Rd. Ste #126 Gilbert AZ 85233

**Save time and postage when paying by credit card, fax your completed application to:**  
**1-480-821-9297**

### PAYMENT METHOD

#### Select your payment method:

Automatic bank draft      Checking      Savings

Payer name or Depositor if different \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Address of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit Card:**  VISA      Mastercard      Discover

Name on Account \_\_\_\_\_

Account # \_\_\_\_\_

Expiration \_\_\_\_\_

Verify account # \_\_\_\_\_

I hereby authorize the premiums and fees to be deducted from my bank account or credit card as indicated above and remitted to HPA, Inc. on a frequency basis as indicated above. I further authorize the bank or credit card to pay and charge to my account those payments that are drawn on my account by HPA, Inc. and I agree that the bank or credit card named shall be fully protected in honoring any such payments. The bank's rights or credit card's rights and treatment of each payment shall be the same if it were signed by me. If any such payment is dishonored, with or without cause, I understand that the bank shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. The authorization remains in effect until the bank or credit card is notified by me in writing. To terminate coverage I will also notify HPA, Inc. the administrator in writing. I further hereby enroll in the CA Association and understand participation is mandatory.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENT USE ONLY

Are you currently appointed with Standard Security Life Insurance Company of New York?      Yes      No

Agent Name \_\_\_\_\_

HPA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

GA Name \_\_\_\_\_ # \_\_\_\_\_

MGA Name Insurance Services of America # 450000000