

Dental Enrollment Form for Security Life Insurance Company of America

A. TELL US ABOUT YOURSELF

Applicant Full Name _____
 Date of Birth ____/____/____ Age ____ Sex ____
 Telephone (____) ____-____
 Street Address _____
 City _____ State _____ Zip _____

B. WILL DEPENDENTS ALSO BE COVERED?

Persons to be covered: Myself Only Myself and Spouse
 Myself and Children Myself and Family

Spouse's Name _____
 Date of Birth _____ Age ____ Sex ____
 Child's Name _____ Age ____ Sex ____
 Date of Birth _____
 Child's Name _____ Age ____ Sex ____
 Date of Birth _____
 Child's Name _____ Age ____ Sex ____
 Date of Birth _____

Does your spouse have a dental plan? Yes No

With whom? _____

Are your dependents enrolled under your spouse's plan? Yes No

Do you claim a tax exemption for all eligible dependents listed? Yes No

Are all dependent children listed over age 18 full-time students? Yes No

C. CHOOSE YOUR DESIRED COVERAGE

Effective date: 1st Month: _____
Select a plan: Gold \$1,500 Silver \$1,000 Bronze \$750

D. SELECT YOUR PAYMENT OPTIONS

Total rate (from calculate your rates section) \$ _____

Select your payment method:

Check or money order. Enclose initial payment to Security Life Insurance Company of America, with application. (Minimum of 2 months paid with enrollment)

Credit Card: VISA Mastercard Discover
 Account # _____ Expiration _____

Automatic bank withdrawal. Enclose initial payment and a voided check with application.
 I request that (bank name) _____
 (address) _____
 pay and charge my account debits drawn from my account by Health Plan Administrators, Inc., to its order.

As a convenience to me, I authorize Security Life Insurance Company of America to initiate entries to my bank account or credit card account for my monthly dental premium. I understand this will occur by the third business day of each month and that such record will appear on my monthly statement. I agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, the bank or credit card company shall be under no liability whatsoever even though it might result in forfeiture of my insurance.

I understand that this agreement will remain in effect until Security Life Insurance Company of America has received written notice from me that it should be cancelled. I understand that I have the right to stop payment by notification to Security Life Insurance Company of America, my bank or my credit card company at least ten business days prior to the next scheduled payment.

Account Holder's Name _____ Date _____ Account Holder's Signature _____

E. SIGN YOUR APPLICATION

By my signature below, I hereby apply for dental coverage under Master Policy Series #GH-1112-38090 issued to the Voluntary Group Trust.

I also certify that I have read the applicable Fraud Notice on the reverse side of this enrollment form. California Law prohibits an HIV Test from being required or used by Health insurance companies as a condition of obtaining health insurance coverage.

Applicant's signature _____ Date _____

AGENT USE ONLY

Are you currently appointed with Security Life Insurance Company of America? Yes No

Agent Name _____

HPA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

GA Name _____ # _____

MGA Name _____ # _____

Calculate Your Rates

- 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 Vision Plus Discount Fee + _____ 5.00
(Optional)
 - 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** \$ _____

COMPETITOR SMILE DENTAL RATE CHART EFF. OCT. 1, 2008 RATES VALID THROUGH FEB. 1, 2009

| | BRONZE | SILVER | GOLD |
|------------------------------------|--------------|----------------|---------------|
| Adult Rates to Age 65 | \$750 | \$1,000 | \$1500 |
| Single | 16.14 | 26.74 | 29.41 |
| Single & Spouse | 30.65 | 50.81 | 55.89 |
| Single & Children | 33.49 | 55.49 | 61.04 |
| Family | 47.59 | 78.88 | 86.77 |
| Senior Rates 65 & Older | | | |
| Single | 20.98 | 34.77 | 38.24 |
| Single & Spouse | 39.85 | 66.06 | 72.65 |

Make checks payable to:

Security Life Insurance Company of America

Mail application to:

HPA, Inc., P.O. Box 15250, Rockford, IL 61132-5250

Save time and postage when paying by credit card,

fax your completed application to: 1-815-633-0277

**COMPETITOR SMILE DENTAL
ZIP CODE & AREA RATE FACTOR CHART**

| | | |
|----------------------------|-----------------------------|----------------------------|
| Alabama | Kansas | Oklahoma |
| 350-355, 359..... 1.00 | 660-662..... 0.91 | 740-743..... 0.91 |
| All Areas..... 0.83 | All Other..... 0.83 | All Other..... 0.83 |
| Alaska | Kentucky | Oregon |
| 995-996..... 1.61 | All Areas..... 0.83 | 977..... 1.00 |
| All Areas..... 1.33 | Louisiana | 978..... 0.83 |
| Arizona | 707-711..... 0.91 | All Areas..... 0.91 |
| 856-857, 864..... 0.91 | 712..... 1.00 | Pennsylvania |
| All Other..... 0.83 | All Other..... 0.83 | 170-178, 182-187..... 0.91 |
| Arkansas | Maryland * | 190-192..... 1.00 |
| All Areas..... 0.83 | Michigan | All Other..... 0.83 |
| California | 480-483, 490-491..... 0.91 | South Carolina |
| 900-905..... 1.46 | 488-489..... 1.00 | All Areas..... 0.83 |
| 906-914..... 1.33 | All Other..... 0.83 | South Dakota * |
| 915-916..... 1.61 | Minnesota | Tennessee |
| 917-918..... 1.10 | 553-558, 564, 566..... 0.91 | 373-374..... 0.91 |
| 919-927, 930-934..... 1.33 | All Other..... 0.83 | All Other..... 0.83 |
| 939..... 1.33 | Mississippi | Texas |
| 943-948..... 1.10 | 390-392..... 0.91 | 751-753..... 1.00 |
| 956-958..... 1.00 | All Other..... 0.83 | 754..... 1.10 |
| 949-961..... 1.33 | Missouri | 756-757, 776-777..... 0.83 |
| 959..... 1.10 | 640-641, 644-649..... 0.91 | All Other..... 0.91 |
| All Other..... 1.21 | All Other..... 0.83 | Utah |
| Colorado | Montana | All Areas..... 0.83 |
| 803, 808-810..... 1.10 | 590-591..... 0.83 | Virginia |
| All Other..... 0.83 | 599..... 0.91 | 201, 220-221..... 1.21 |
| Delaware | All Other..... 1.00 | 222-223..... 1.33 |
| All Areas..... 0.91 | Nebraska | 224-225, 230-232..... 0.83 |
| Dist Columbia | All Areas..... 0.83 | 228-229, 240-244..... 0.91 |
| All Areas..... 1.33 | Nevada | 233-237..... 1.21 |
| Georgia | 890-891..... 0.91 | All Other..... 1.10 |
| 300-303..... 0.91 | 894-895-898..... 1.33 | Washington |
| All Other..... 0.83 | All Other..... 1.10 | 982-984..... 1.10 |
| Hawaii | New Mexico | 990-992..... 1.00 |
| All Areas..... 1.00 | 881..... 0.91 | 993..... 1.33 |
| Idaho | 882..... 1.21 | All Other..... 1.21 |
| All Areas..... 0.83 | All Other..... 0.83 | West Virginia |
| Illinois | North Carolina | 255-257..... 1.10 |
| 600-605..... 0.91 | 277..... 0.91 | 262-265..... 1.00 |
| 606-608..... 1.00 | 286..... 1.00 | All Other..... 0.91 |
| All Other..... 0.83 | 287-289..... 0.91 | Wisconsin |
| Indiana | All Other..... 0.83 | All Areas..... 0.83 |
| 463-464..... 0.91 | North Dakota | Wyoming |
| 473..... 1.00 | 580-581..... 0.91 | All Areas..... 0.83 |
| All Other..... 0.83 | All Other..... 0.83 | |
| Iowa | Ohio | |
| All Areas..... 0.83 | All Areas..... 0.83 | |

*Indicated states use a state specific application

Quote online at www.hpainsurance.com or call 800-277-3323 x3

SLICA rev 10/08

Fraud Warning Statements

NAIC Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 is a crime and subjects such person to criminal and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.