Dearborn Life Insurance Company

Enrollment and Change Form



Administrative Office: 701 E. 22nd Street, Lombard, Illinois 60148 Change Open Enrollment ☐ COBRA Retiree **Employer/Employee Section** Enrollment forms must be submitted directly to us unless the group is self-administered. If the group is self-administered, submit enrollment forms to us only if evidence of insurability is required. GROUP NO. / ACCOUNT NUMBER LOCATION **EMPLOYER EMPLOYEE NAME - LAST** FIRST MIDDLE INITIAL DATE OF BIRTH DATE OF HIRE (FULL TIME) \square M \square F SOCIAL SECURITY NO. **EARNINGS** JOB TITLE CLASS Weekly [Monthly -Annual **HOME ADDRESS** CITY STATE ZIP HOME PHONE WORK PHONE **CELL PHONE** SPOUSE NAME - LAST **FIRST** M.I. SEX SPOUSE DATE OF BIRTH SPOUSE SOCIAL SECURITY # (if Applicant) \square M \square F Has the Employee (if applying) used any tobacco products in the last 2 years? Yes ☐ No Has the Spouse (if applying) used any tobacco products in the last 2 years? ☐ Yes ☐ No BENEFIT SELECTION - Life, Disability, Critical Illness, Accident, Hospital Indemnity & AD&D COVERAGE SELECTION: Your non-medical group insurance program may not include all the benefits listed below. Ask your Employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire. Basic Coverage (Check all that apply) Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate. Term Life / AD&D Short-Term Disability (STD) Long-Term Disability (LTD) Critical Illness Hospital Indemnity Dependent Term Life / AD&D Spouse Child(ren) Child(ren) Family Supplemental Coverage (Check all that apply) (A)Add, (C)Change Total Amount of If (C)hange, list Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate (D)Delete Coverage Desired Prior Coverage Term Life / AD&D **Employee** Term Life / AD&D Spouse Term Life / AD&D Child(ren) Critical Illness **Employee** Critical Illness Spouse Critical Illness Child(ren) AD&D **Employee** AD&D Spouse AD&D Child(ren)

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Montana is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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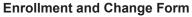
Administrative Office: 701 E. 22nd Street, Lombard, Illinois 60148

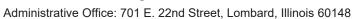
Voluntary Coverage (Check all that apply) Spouse includes Domestic Partner and Party to a Civi	(A)Add, (C)Change (D)Delete	Total Amount of Coverage Desired	If (C)hange, list Prior Coverage	
Term Life	Employee			
Term Life	Spouse			
Term Life	Child(ren)			
☐ AD&D	Employee			
AD&D	Spouse			
AD&D	Child(ren)			
☐ AD&D	Dependents			
AD&D	Employee Family			
Long-Term Disability (LTD): Incrementa				
Long-Term Disability (LTD): % of Earnings				
Short-Term Disability (STD): Incremental				
Short-Term Disability (STD): % of Earni	ngs			
Critical Illness	Employee			
Critical Illness	Spouse			
Critical Illness	Child(ren)			
Accident	Employee			
Accident	Employee + Spouse			
Accident	Employee + Child(ren)			
Accident	Family			
☐ Hospital Indemnity	Employee			
☐ Hospital Indemnity	Employee + Spouse			
☐ Hospital Indemnity	Employee + Child(ren)			
☐ Hospital Indemnity	Family			
BENEFICIARY DESIGNATION: (For Employee more primary beneficiaries are named, and you primary beneficiaries who survive you. If no prim If you list benefit percentages, the total must equ	do not list benefit percentages, plary beneficiary survives you, pro	proceeds will be paid oceeds will be paid	d in equal shares to to the contingent b	o the named eneficiary(ies).

First Name	Last Name	Social Security No.	Date of Birth	Relationship	Percentage
Primary					%
Primary					%
Contingent					%
Contingent					%

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BENEFIT SELECTION DENTAL ENROLLMENT	VISION			CANCEL COVERACE			
	_	POLICY CHANGE (Check Reason for Change)		CANCEL COVERAGE			
Spouse includes Domestic Partner and Party to a Civil Union as defined in the Certificate.	(Check Rea	son for Change)					
(Choose One)	☐ Married	☐ Married		☐ Terminate Coverage			
☐ Employee	☐ Birth / A	☐ Birth / Adoption		Date			
☐ Employee + Spouse	☐ Widowe	☐ Widowed		Leave / Layoff			
Employee + Child(ren)	☐ Divorce	d	☐ Other	Other			
Family	Address	s Change	Di	ate			
If above selection covers your Spouse, is your Spoucovered under any other dental plan? Yes N	se If Yes, carrie	er's name:					
COBRA CONTINUATION PRIVILEGE	Previous	ly covered with	group as:				
Start Date:	tart Date: 1. Employee (termination, reduction in hours, other)						
	2. Sp	ouse (divorce fror	m Employee, death	of Employee)			
Projected End Date:	3. De	pendent (reached	l age limit, married,	no longer a Full	Time Studer	nt, other)	
	4. Sp	ouse & Depender	nts (divorce from Em	plovee, death o	of Employee.	other)	
For the purposes of this Notice, while prohibite		•	,			•	
For the purposes of this Notice, while prohibite Civil Union. Such benefits may be available un	der state law of p	provided by the	policyholder.	o cox Bomoc		n i dity to d	
COVERED SPOUSE AND DEPENDEN) over the age limi	t, indicate if F	ull Time Stu	udent	
SOVERED OF GOOD AND DEFENDER	(F1S)	or Handicapped	з (НВСР).	1	A 1 11 OL 11 I		
First Name Last Name	Social Security Number	Date of Birth	Relationship	SEX	Adult Child FTS or HDCP	Name of Accredited School	
				ПМПБ			
				M F			
				M F			
which I may be entitled under the group policy (in the effective date of my coverage, my insurant actively at work that my coverage may lapse or	ies) issued to the nce will not begin terminate. For th	Employer listed until the day I rates coverages	d above. I unders return to work. I un I have declined, I	M F The of the cost tand that if I anderstand that	m not active t if I do not in t if I choos	ely at work remain se to enroll	
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The laws of some states require us to furnish you with the following notice: FOR APPLICATIONS AND CLAIMS:

<u>Alabama</u>: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

<u>California</u>: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

<u>District of Columbia</u>: 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.

<u>Hawaii</u>: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 is a crime.

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

<u>New Mexico</u>: 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 civil fines and criminal penalties.

<u>Ohio</u>: Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

<u>Oklahoma</u>: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: 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.

<u>Tennessee</u>: 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.

<u>Washington</u>: 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.

<u>West Virginia</u>: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

<u>Alaska</u>: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

<u>Arizona</u>: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

<u>Arkansas</u>: 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.

<u>Delaware</u>: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

<u>Idaho</u>: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

<u>Indiana</u>: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

<u>Minnesota</u>: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

<u>New Hampshire</u>: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

<u>Texas</u>: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

<u>New Jersey</u>: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.