BROKERS NATIONAL
LIFE ASSURANCE COMPANY

Domiciled in the State of Arkansas
Administrative Office: 2100 West William Cannon, Suite L, Austin, Texas 78745
Phone: 512-383-0220

APPLICATION FOR GROUP DENTAL INSURANCE BENEFITS

Application is hereby made to Brokers National Life Assurance Company for the following Group Dental Insurance.

☐ EDGE PLUS DENTAL ☐ BASIC PLUS DENTAL ☐ UNIQUE EDGE DENTAL ☐ *ASSOCIATION DENTAL

1. Group Name: _____
(Please use correct legal name)

2. Policyholder is: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Association ☐ Other _____

3. Group Address: _____ ; _____ ; _____ , _____
Street Address or P.O. Box Number | City | State | Zip Code

4. Group Contact: _____ Telephone # _____ Fax # _____

5. Nature of Group: _____ 6. Payment Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

7. Total Employees/Members Eligible _____ 8. Number of Employees/Members Enrolled _____

9. It is requested that this insurance be effective on _____ . (The effective date must be the first of the month. All papers must be received by the Company in acceptable form by the requested effective date.)

10. All present employees are to be eligible on the effective date except part-time employees and those on disability leave. Employees who come to work after the effective date shall be eligible on the first day of the month following completion of _____ days of continuous active service.

    Every Group will have an Open Enrollment period, which is the group's policy anniversary date, unless otherwise changed.

11. The firm will pay _____ % of all Employee costs and _____ % of Dependent costs.

12. This (☐ does ☐ does not) replace current coverage from another carrier. If coverage is being replaced, a current monthly billing from the prior carrier must be enclosed along with a benefit booklet.

13. I hereby represent that there are, as of this date, a total of _____ full-time eligible employees including owners, partners, and officers in the employment of this firm. If any class or classes of employees are to be excluded from eligibility describe them briefly. (Such class exclusion must be nondiscriminatory.) (Not Applicable for Association Groups.)

It is understood & agreed that: 1. There must be a minimum of 3 employees (or 50 members for Associations) participating at all times and that failure to maintain this minimum may result in the termination of all coverage at the discretion of the Company by giving the Group 30 days written notice (In Florida – 45 days). 2. Investigation(s) may be made now and in the future, by or on behalf of the Company to verify the number and names of full-time employees of this firm, and will furnish, upon request, a current census prior to each anniversary date. 3. If, on the effective date, an employee is not at active work full-time, or a dependent is unable to maintain dependent status, coverage will not be given until the employee or dependent returns to an active eligibility status. 4. The insurance applied for shall not become effective unless this application is received and approved by Brokers National Life Assurance Company, at its administrative office, and the required premiums are paid. 5. No person (except an authorized Officer of Brokers National Life Assurance Company) has authority to modify, or vary any policy or to waive any requirement in any policy.

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 a false or deceptive statement is guilty of insurance fraud. (Except in Colorado, Florida, Kansas, Louisiana, Nebraska, Oregon, Pennsylvania, Tennessee & Texas) In 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. In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. In Kansas, Nebraska & Texas, 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 a false or deceptive statement may be guilty of insurance fraud. In Louisiana, any person who knowingly presents 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. In 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 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. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Dated at _____ this _____ day of _____ , 20 _____

Signature of Applicant X _____ Title _____

Witness X _____

Licensed Agent X _____ Agent License I.D. # _____

Print Agent Name _____ Agent # _____

**Association Dental Plan not allowed in the state of Oregon*