

Dental Insurance Application

1. Complete all areas in the application form below. **Please be sure to read all information fully and sign where indicated on the back.**
2. Indicate the type of coverage you want (Individual, Individual & Spouse, etc.) and how you want to pay (automatic checking account deduction or credit card charge).
3. Return this entire sheet in the envelope provided. **Send no money.** Once approved, your policy and ID card will be mailed or emailed to you.

National Guardian Life Insurance Company

Home Office: National Guardian Life Insurance Company • Two East Gilman St. • PO Box 1191 • Madison, WI 53701
Administrative Office: AlwaysCare Benefits, Inc. • 7800 Office Park Boulevard • Baton Rouge, LA 70898-7603 • 1-888-729-5433

To Be Completed by Applicant:

Applicant's Name: _____
Last First Middle Initial

Applicant's Address: _____
Street or Post Office Box Apartment Number

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Male Female Last 4 Digits of Applicant's Social Security Number: ____ ____ ____ ____
MM DD YYYY

Name of Spouse (if to be insured): _____
Last First Middle Initial



Spouse Date of Birth: ____/____/____ Male Female Home Telephone Number: (____)____-____
MM DD YYYY

Email Address: _____@_____ Is it OK to email your policy? Yes No

Check Coverage Desired:

- Individual Individual & Spouse One-Parent Family Two-Parent Family

Indicated Method of Payment:

- Deduct premium payments from my checking account automatically. (My voided check is enclosed.)
 Charge future payments to:  
Credit Card Number: _____ Expiration Date (MM/YY): ____/____

I Want to Pay:

- Every Month Every 3 Months Every 6 Months Every 12 Months

To Be Completed for Each Dependent Child (if to be insured):

Child's Name (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	Gender	Check if:
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Child <input type="checkbox"/> Full-Time Student

Do You have any other dental insurance in force with another company? Yes No

Is this insurance intended to replace any other insurance now in force? Yes No

(OVER, PLEASE)

Applicant's Statements and Agreements:

1. I understand the effective date of the policy will be the date recorded in the Policy Schedule of Benefits by Us.
2. I understand the policy I am applying for contains different Waiting Periods for certain benefits listed in the Policy Schedule of Benefits. This means that no benefits are payable during the listed Waiting Period. The Waiting Period begins on the effective date of coverage.
3. I understand that dependent children, if any, will be covered until the end of the month following their 19th birthday (24th if full-time student).
4. I acknowledge receipt of, if applicable: Outline of Coverage.
5. I understand that: (a) National Guardian Life Insurance Company is not bound by any statement made by me, the applicant, or any associate/agent of National Guardian Life Insurance Company unless written herein; (b) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (c) the policy together with this application, endorsements, benefit agreements and riders, if any, is the entire contract of insurance; (d) No change to the policy will be valid until approved by our president and secretary, and noted in or attached to the policy.

Notice of Information Practices:

To issue an insurance policy, we may need to obtain additional information about You and any other persons proposed for insurance. Some information will come from You and some may come from other sources. That information and any other subsequent information collected by Us may in some circumstances be disclosed to third parties without Your specific consent. You have the right to access and correct the information collected about You. If You wish to have a more detailed explanation of our information practices, please submit a written request to Us.

Authorization to Obtain Information:

I authorize the following to give information (defined below) to National Guardian Life Insurance Company or any person or group acting on their part: any medical professional, any medical care institution, insurer, reinsurer, government agency, consumer reporting agency or employer. "Information" means facts of a medical nature in regard to my physical or mental condition, employment, or other insurance coverage, or any other nonmedical facts. I understand that this information will be used by National Guardian Life Insurance Company to determine eligibility for insurance and may be used to evaluate a claim for benefits during the time it is valid. I agree that this authorization is valid for 30 months from the date signed. I know that I have a right to receive a copy of this authorization upon request. I agree that a copy of this authorization is as valid as the original.

I also understand that if I am receiving Medicaid benefits, the purchase of this coverage may not be necessary.

If I am applying to replace existing coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current policy and its benefits for the benefits provided in the National Guardian Life Insurance Company Policy. I have read, or had read to me, the completed application, and I realize policy issuance is based upon statements and answers provided herein, and they are complete and true to the best of my knowledge and belief.

Warning: 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.

Signed and Dated at _____ **on** ____/____/____
City and State Date

Applicant's Signature: _____

Agent's Signature: _____ Agent: No.: _____ Date: _____
Licensed Resident Associate/Agent