



Dental and/or Vision Enrollment Form

To enroll, complete the following form and mail along with your payment to: Central Billing Service, PO Box 8633, Madison WI, 53708-8633

(Please Print Clearly)

NAME: _____
(FIRST) (M.I.) (LAST)

ADDRESS: _____

(CITY) (ST) (ZIP)

*SOCIAL SECURITY #: _____ BIRTHDAY (mm/dd/yyyy): _____

*Social Security Number is Needed for your Policy Number

PHONE: _____ REQUESTED EFFECTIVE DATE: _____

DO YOU CHOOSE TO ENROLL IN THE STATE100 DENTAL PLAN

YES NO

DO YOU CHOOSE TO ENROLL IN THE STAND ALONE VISION PROGRAM:

YES NO

DENTAL AND/OR VISION COVERAGE ENROLLING IN (check one):

SINGLE ONLY INSURED & CHILD INSURED & SPOUSE FAMILY

DO YOU HAVE ANY ELIGIBLE DEPENDENTS, INCLUDING A SPOUSE? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION TO ENROLL THEM:

(Name, Gender (M/F), Birthday) Attach Additional Sheets if Necessary

CALCULATE TOTAL MONTHLY PREMIUM FOR PLAN(S) CHOSEN

Monthly Dental Premium \$ _____

Monthly Vision Premium + \$ _____

Total Monthly Premium = \$ _____

I hereby enroll in the Ameritas Life Insurance Corp. Dental and/or Vision Plan(s).

Enrollee's Signature

____/____/____
Date

See Reverse Side For Payment Options

Greater Insurance Service Corp. Payment Option Form

Please Complete the Following Information

Please Print

Insured Name: _____ Phone: _____

Address: _____
Street City ST ZIP

Please Select and Check one of the Following Payment Methods

VISA Monthly MasterCard Monthly

There is a 4% service fee for this option.

Instructions for Credit Cards

1. Please complete the following account information and return with a check made payable to Greater Insurance Service for one month's premium
2. Credit cards will be charged around the 20th of the month for the next month's premium (*see example at bottom)

Account # _____ - _____ - _____ - _____

Expiration Date: ____/____

Name as it appears on the card: _____

Cardholders Signature: _____

Personal Account Insurance Deduction (P.A.I.D.) Arranged by Greater Insurance Service Corp

Instructions for P.A.I. D.

- 1.-Please submit voided check (no deposit slips) and a check for one month's premium made payable to GIS.
- 2.-Premium will be deducted around the 15th of each month for the next month's premium (*see example at bottom)

Please Select the Account Type for Withdrawal

WITHDRAWAL AUTHORIZATION

Checking Account Savings Account

Name of Depositor _____
(Print name as shown on Financial Institution Records)

Bank Information _____
(Bank Name, Address and Phone # where account is maintained)

TRANSMIT/ROUTING ABA# _____ ACCT. NO. _____

PRE-AUTHORIZED WITHDRAWAL PAYMENT METHOD

As a convenience to me, I hereby request and authorize Greater Insurance Service Corp. to pay and charge to my account, maintained at the above named financial institution, for the payment of premiums due on policies I currently have or may purchase and desire to include under the P.A.I.D. Agreement. The amounts will be drawn on my account by and payable to the order of Greater Insurance Service Corp. provided there are sufficient funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing and until Greater Insurance Service Corp. actually receives such notice. I agree that Greater Insurance Service Corp. shall be fully protected in honoring any withdrawals. I understand that if the withdrawal is presented and not honored for any reason and the amount due is not paid, Greater Insurance Service Corp. assumes no responsibility for a policy lapse or cancellation due to non-payment. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of my rights in respect to each such charge shall be the same as if they were signed personally by me. A customer has the right to stop payment of a debit entry by notification to Financial Institution prior to charging account. After account has been charged the customer has the right to have the amount of an erroneous entry immediately credited to their account by Financial Institution up to 15 days following the issuance of statement or 45 days after posting, whichever occurs first.

Date

Signature of Depositor

***An example of deductions is as follows: July's premium will be deducted June 20th for Credit Cards or June 15th for PAIDS. If you have any questions, please call our office at 1-800-747-4472.**