

Wisconsin Coalition of Annuitants

Dental Plan Enrollment Form

To enroll, complete the following form and mail along with your payment to: Greater Insurance 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): _____

PHONE: _____ REQUESTED EFFECTIVE DATE: _____

PREVIOUS DENTAL COVERAGE: YES NO If yes, expiration date _____

CHOOSE PLAN BENEFIT ENROLLING IN:

- SUPPLEMENTAL PLAN 1 SUPPLEMENTAL PLAN 2
 ECONOMY PLAN VALUE PLAN 100/80/50 PLAN

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

Total Monthly Premium = \$ _____

To participate in this plan, Associate Membership in the Wisconsin Retired Educators' Association (WREA) is required. Membership dues of \$1.67 will be assessed monthly and added to the above rates. By signing at dating below you do hereby enroll in the Ameritas Group Dental and/or EyeCare plan along with becoming an Associate Member of the WREA.

_____/_____/_____
Enrollee's Signature *Date*

See Reverse Side For Payment Options

Greater Insurance Service Corp. Payment Option Form

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 Card

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

ACCOUNT # _____ - _____ - _____ - _____

EXPIRATION DATE: _____/_____/_____

NAME AS IT APPEARS ON THE CARD: _____

CARDHOLDER'S 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 coverage.

Please Select the Account Type for Withdrawal Checking Account Savings Account
WITHDRAWAL AUTHORIZATION

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

To Financial Institution _____
(Address of Institution or Branch 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 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 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 actually receives such notice. I agree that Greater Insurance Service 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 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

Direct Bill Monthly

Direct Bill Quarterly

There is a \$5 service fee for the monthly option