



Secure DentalOne Application for Coverage (Generic)

Underwritten by Standard Security Life Insurance Company of New York

Group information: Name - Communicating for America; Location - Washington, DC

APPLICANT

Applicant Last Name _____
 First Name _____ M.I. _____
 Social Security Number _____
 Street Address _____
 City _____ State _____ Zip _____
 Birthdate ____ / ____ / ____ Sex Male Female
 Marital Status..... Single Married
 Telephone number (____) _____ - _____
 Email _____

COVERAGE

Check Those That Apply (Note: If declining coverage(s), complete the section REFUSAL/WAIVER only)

Dental Insurance
 Member Spouse Children

Requested Effective Date ____ / ____ / ____

Plan Name Elected _____

DEPENDENT INFORMATION

Spouse's Name _____
 Birthdate ____ / ____ / ____ Sex Male Female

Child's Name _____ Sex Male Female
 Birthdate ____ / ____ / ____ Student (over age 19)..... Yes No

Child's Name _____ Sex Male Female
 Birthdate ____ / ____ / ____ Student (over age 19)..... Yes No

Child's Name _____ Sex Male Female
 Birthdate ____ / ____ / ____ Student (over age 19)..... Yes No

Child's Name _____ Sex Male Female
 Birthdate ____ / ____ / ____ Student (over age 19)..... Yes No

Will you or any dependent have other dental insurance coverage?..... Yes No
 If yes, please list the name of the other insurance company and phone number: _____

REFUSAL/WAIVER

Complete only if you are declining coverage for yourself or any dependent.

I decline coverage for:
 Myself My spouse My children

Reason for refusal: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby request coverage as outlined above under the Standard Security Life Insurance Company of New York group plan offered by the Group. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the Policy provisions. I declare all answers are true and complete.

WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Date _____ City and State _____

Signature of Applicant _____

- SSL ADEN-MBR APP 0606 SSL ADEN-MBR APP MN 0606
- SSL ADEN-MBR APP CA 0606 SSL ADEN-MBR APP NC 0606
- SSL ADEN-MBR APP GA 0606 SSL ADEN-MBR APP ND 0606
- SSL ADEN-MBR APP MO 0606

NOTICE TO BUYER: THIS IS AN APPLICATION FOR DENTAL INSURANCE ONLY. READ YOUR CERTIFICATE CAREFULLY.

NOTE: This application is not valid in CT, ID, NH, TX and UT. See the appropriate state-specific forms to apply for Secure DentalOne in those states.

Fraud Warning Statements

Residents of states listed at right are subject to specific fraud warnings as outlined. Residents of all other states are subject to fraud warning found within application, or within state-specific application as applicable.

Residents of Arkansas—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. (SSL ADEN-MBR APP AR 0606)

Residents of Florida—WARNING: 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 in the third degree. (SSL ADEN-MBR APP FL 0606)

Residents of Indiana—WARNING: Any 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. (SSL ADEN-MBR APP IN 0606)

Residents of Kansas—WARNING: Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law. (SSL ADEN-MBR APP KS 0606)

Residents of Kentucky—WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (SSL ADEN-MBR APP KY 0606)

Residents of Louisiana—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. (SSL ADEN-MBR APP LA 0606)

Residents of Maine—WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. (SSL ADEN-MBR APP 0606 ME)

Residents of Ohio—WARNING: 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. (SSL ADEN-MBR APP OH 0606)

Residents of 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. (SSL ADEN-MBR APP PA 0606)



Secure DentalOne Rate Calculation Chart (Generic)

Underwritten by Standard Security Life Insurance Company of New York

ZIP CODE AND AREA RATE FACTOR CHART

Alabama	0.81	Michigan	0.91
Alaska	1.60	480-485	1.00
Arizona	0.91	Minnesota	0.91
850-853	1.00	554	1.09
Arkansas	0.81	550-553, 555	1.00
California	1.09	Mississippi	0.81
900-904	1.28	Missouri	0.81
905-916, 926-931	1.19	630-634, 640-641	0.91
940-944	1.28	Montana*	
945-951	1.19	Nebraska	0.81
Colorado	1.00	Nevada	1.09
800-804	1.09	893-898	1.19
808-809	1.09	New Mexico	0.91
Delaware	1.19	North Carolina**	0.91
Dist of Columbia	1.19	275-277	1.00
Florida	1.00	282	1.09
330, 332-334, 340	1.09	North Dakota	0.81
331	1.19	Ohio	0.81
Georgia	0.91	430-432, 434-436	0.91
301-302	1.00	439-445, 450-452	0.91
300, 303, 311	1.09	456	0.91
Hawaii	1.09	Oklahoma	0.81
Illinois	0.81	730-731, 740-741	0.91
600-608	1.09	Oregon	1.00
610-619	0.91	970-975	1.09
Indiana	0.81	Pennsylvania	0.91
460-466, 469, 473	0.91	190-191	1.09
Iowa	0.91	189, 192-194	1.09
Kansas	0.91	Rhode Island	1.00
662-663, 667-671	0.81	South Carolina	0.91
673-679	0.81	South Dakota	0.81
Kentucky	0.81	Tennessee	0.81
Louisiana	0.81	370-372, 380-384	0.91
700-701, 707-712	0.91	Virginia*	
Maine	1.00	West Virginia	0.81
Maryland*		Wisconsin	0.91
Massachusetts	1.09	532-534, 537	1.00
017-019	1.19	Wyoming	0.81
021-022	1.28		

SDO Zip areas 1-08

*See current state approval chart or call HPA at 800-277-3323 x3 for the current area factors.

Secure DentalOne Rate Chart

	BasicOne**	ClassicOne	PremierOne
Rates	NA	\$750	\$1,250
Single	7.54	24.32	29.50
Single + 1	14.22	45.87	55.64
Single + 2	18.56	59.87	72.63
Single + 3	22.91	73.90	89.65
Single + 4	27.26	87.93	106.67
Single + 5	31.61	101.96	123.69
Single + 6 or more	35.95	115.96	140.67

**BasicOne plan not available in North Carolina.

CALCULATE YOUR COST

- Based on the plan desired and people to be insured. Enter your monthly rate. \$ _____
- Locate your state and zip code prefix. Enter the factor. _____
- Multiply the rate by the factor. x \$ _____
- Add the Optional OrthoCare Discount Program*
Individual + \$ 5.00
Individual + 1 or more + \$ 8.00
- Add the monthly administration fee. + \$ 5.00

Subtotal \$ _____

- Multiply by number of months
[____ (months) x \$ _____ (subtotal) =] + \$ _____

- Add the **ONE-TIME** enrollment fee + \$ 20.00

Total Due \$ _____

*OrthoCare option not available in all states.

AGENT USE ONLY

Are you currently appointed with Standard Security Life Insurance Company of New York? Yes No

Agent Name _____

HPA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

GA Name _____ # _____

MGA Name _____ # _____

PAYMENT METHOD

Select your payment method:

Automatic bank draft Checking Savings

Payer name or Depositor if different _____

Relationship to applicant _____

Signature _____ Date _____

Name of financial institution _____

Routing # _____

Account # _____

Address of financial institution _____

City _____ State _____ Zip _____

Credit Card: VISA Mastercard Discover

Name on Account _____

Account # _____

Expiration _____

Verify account # _____

I hereby authorize the premiums and fees to be deducted from my bank account or credit card as indicated above and remitted to HPA, Inc. on a frequency basis as indicated above. I further authorize the bank or credit card to pay and charge to my account those payments that are drawn on my account by HPA, Inc. and I agree that the bank or credit card named shall be fully protected in honoring any such payments. The bank's rights or credit card's rights and treatment of each payment shall be the same if it were signed by me. If any such payment is dishonored, with or without cause, I understand that the bank shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. The authorization remains in effect until the bank or credit card is notified by me in writing. To terminate coverage I will also notify HPA, Inc. the administrator in writing. I further hereby enroll in the CA Association and understand participation is mandatory.

Applicant signature _____ Date _____

Make checks payable to: HPA, Inc.

Mail application to: HPA, Inc.,

P.O. Box 15250 Rockford, IL 61132-5250

Save time and postage when paying by credit card, fax your completed application toll free to: 1-888-FAX-HPA1 (329-4721)

SSL Secure DentalOne Rate Calc. Generic 1-8-08