

Administration Guide for Ameritas Policyholders

Welcome

Thank you for selecting Ameritas of New York! We help create beautiful smiles, put life into focus and promote good health. We're proud to be part of your benefits program, and we'll make benefits administration easy for you.

This booklet is a quick and easy guide to help you and your employees begin using your new benefits. Once you log in to your benefits administrator portal, everything you need will be at your fingertips. Let's get started!

Ameritas Life Insurance Corp. of New York



Contact Us



Administration

Toll Free: 800-628-8889

Fax: 845-357-3612

Monday-Friday: 8 a.m. to 4:30 p.m. (ET)

Ameritas of New York Group Administration

445 Hamilton Avenue, Suite 403A

White Plains, NY 10601

Email: group_assistants@ameritas.com

Take advantage of your benefits administrator portal and online services by completing and submitting our online eServices Agreement.

Billing payments

Ameritas Life Insurance Corp. of New York

P.O. Box 650730

Dallas, TX 75265-0730

Overnight mail or courier

Lockbox 650730

1501 N. Plano Rd., Suite 100

Richardson, TX 75081

Please include the first page of your billing statement with payments by mail. Make check payable to Ameritas Life Insurance Corp. of New York.

Or, sign up for EFT payments with our online services. If you prefer to set up ACH/wire payments, please contact us.

Claims and benefits

Toll free: 800-659-5556

Fax New Claims: 402-467-7336

Fax Additional Info: 402-309-2580

Monday-Thursday: 7 a.m. to Midnight CST

Friday: 7 a.m. to 6:30 p.m. CST

Ameritas of New York Group Claims

P.O. Box 82595

Lincoln, NE 68501

Email: group@ameritas.com

Members can create their secure member account and get full access once they have a submitted and paid claim.

Provider networks

Based on your plan, here's how to find dental and/or vision network providers in your area.

Find a dental provider: dentalnetwork.ameritas.com

Or call Ameritas of New York: 800-659-5556

Find a VSP vision network provider: vsp.com

Or call VSP: 800-877-7195

Find an EyeMed vision network provider: eyemed.com

Or call EyeMed: 866-289-0614

For Ameritas of New York vision plans offering the VSP and/or EyeMed provider networks, Ameritas of New York is your contact for plan administration.

Wellness blog

Visit and subscribe to ameritasinsight.com for articles, whitepapers, podcasts and videos about well-being and employee benefits. These assets can be shared with your employees to increase engagement and help educate them on the importance of dental and vision health. Check out the article excerpts in the back of this guide.

Quick Start Guide

Look for a **welcome email** from Ameritas of New York to help you get set up and begin using your new benefits. To get started, just complete these 2 simple steps:

1. Review your certificate(s) and master policy. Your plan rates are listed in your master policy under 9050 – Table of Monthly Premiums.

2. Post or distribute our GLB Privacy Notice to plan participants. **English** and **Spanish** versions are available in this guide and at ameritas.com/corp/privacy under Group Dental, Vision.

Now you're ready to set up your benefits administrator portal and **activate your online services**. Check out the interactive tutorial at ameritas.com, Account Access, Dental/Vision, Benefits Administrator, [eServices Tutorial](#). If your policy was sold with eCert, you already have access to your certificate(s), policy and ID cards.



Activate Additional Online Services

View your ID cards, policy and certificate(s), plus make enrollment updates and pay your bill online, through your secure [Benefits Administrator \(NY\)](#) portal. If your policy was sold with eCert, you automatically received an authorization ID for signing in. If not, we will email this information to you once you complete and submit our [eServices Agreement](#). If you already have eCert, complete and submit our [eServices Agreement](#) to add enrollment and billing access.

- Fill out the online [eServices Agreement](#) at [ameritas.com](#), Account Access, Dental/Vision, Benefits Administrator (NY), eServices Agreement.

- Select the **Submit This Agreement** button.

- If you need assistance setting up your secure benefits administrator portal for online services, please call us at **800-628-8889**.

EDI, an electronic enrollment file process, is available to qualifying groups.

eServices Agreement

ESERVICES AGREEMENT

eServices Selection and Terms/Conditions

Group Name Group Number Division(s) All Specify

The following functions can be performed, please select the functionality your Group would like to utilize:

Manage Billing (Paperless)
 Manage Your Members
 Update-add, change and terminate member coverage
 View Only

Terms and Conditions

1. Access to System and Policy Information.
 Ameritas Life Insurance Corp. ("Ameritas") grants Group, identified above, the right to access the Ameritas group administration system via the Internet, using the "Processing Web Site", for the limited purpose(s) selected by Group above. Group agrees that its access to and use of the Processing Web Site shall be subject to these Terms and Conditions and any other instructions provided by Ameritas. Group's access to the

Acceptance

In order to complete this preliminary step in the eServices sign-up process, a representative duly authorized to bind your company must complete the following:

Name of Authorized Representative
 Title of Authorized Representative

Legal content removed for purposes of displaying sample eServices Agreement and the information you'll need to complete it.

Agree Do Not Agree

Please complete the Contact Information section below so that we may contact you regarding your request:

Name
 Phone
 E-mail

Check here if Contact is the same as Security Administrator

Security Administration

Please identify the person that will be responsible for accessing the system:

Name
 Address
 City State Zip
 Phone
 E-mail

How many people will be using this system?

After you submit this agreement, a confirmation page will be displayed. Please print this next page for your records.

Account Access page

Ameritas fulfilling life. About Us | Contact Us | Find a Financial Professional | Find a Provider | Careers | [Account Access](#)

Insurance | employee benefits | financial services

account access

We are improving your experience with Account Access — [test drive it here!](#)


Dental/Vision/Hearing

Member	Provider	Benefits Administrator	Producer
Secure Member Account	Secure Provider Account	Benefits Administrator	Producer Login
Secure Member Account (NY)	Secure Provider Account (NY)	Benefits Administrator (NY)	Edge Producer Login
		eServices Agreement	
		eServices Tutorial	
		eServices Registration	

Benefits Administrator portal

Ameritas fulfilling life. Privacy & Security | Sign Out

home | member maintenance | resource center | contact us



PLAN DOCUMENTS
[View](#) your policy plan documents, certificates, and administration and benefit guides.

MEMBER MAINTENANCE
[Manage](#) your employee members and access ID Cards.

REPORTS
[Transaction Summary](#) - access detail on recent online transactions

Confirmation Number	Policy	Division	Name	Dependent Coverage	Submitted Date	Status
47297467	888888	1	BATMAN, EDWARD	MEMBER ONLY	05/19/2019	Processed
465036676	888888	1	APRIL, YEST	MEMBER ONLY	04/16/2019	Processed
471634667	888888	3	TESTNE.ONLINE	MEMBER ONLY	06/13/2019	Processed

[List Members Report](#) - View a list of active and terminated members.
[Coverage Dependent Report](#) - Generate a report for dependents that are coverage.

EXPAND YOUR ONLINE ACCESS!
 Check out what [eServices](#) offers and complete your [eServices Agreement](#) to update your online access.

Manage Your Plan

► Online services

Using the online services through your benefits administrator portal makes administering your plan easy. Once it's set up, get there by visiting ameritas.com, Account Access, Dental/Vision, [Benefits Administrator \(NY\)](#).



Certificate, policy (eCert)

- view or print your certificate(s), policy and ID cards
- distribute certificates electronically or post on your benefits intranet
- employees may view and print their own copy of the certificate, giving them direct access to benefit information
- or, benefits administrators can print certificates for employee reference
- see the most current documents for your plan, including updates



Enrollment (eEnroll)

- enroll, change or drop employee coverage in real time
- view employee coverage status including effective dates, dependent coverage levels
- sign up for eEnroll and you're eligible for eBill



Billing and EFT (eBill)

- request your bill online, pay online
- update member, dependent information before paying
- view or print a list billing that shows your detailed adjustments
- access a year of premium information and billing history

Table of Contents

- Online services
- Eligibility
- Enrollment
- Effective dates
- Drop plan members
- Policy changes
- Section 125 plans
- Monthly plan payments
- Benefits for non-eligibles
- Continuation of benefits
- Claims, member account
- Forms (also online)
- Employee well-being support

► Eligibility for plan enrollment

Employee eligibility

Eligibility requirements are defined in your policy under 9070 – Conditions for Insurance Coverage. The eligibility period, also known as the new hire waiting period, begins when the member meets the policy's requirements; for example, working at least 30 hours per week. When the eligibility period is satisfied, the member's coverage becomes effective.

Dependent eligibility

The member's eligible dependents include:

- member's spouse (or domestic partner if this coverage is elected)
- each child under the age defined in your policy (see 9060 – Definitions) who is the member's or member's spouse's legal responsibility, including:
 - natural born children
 - adopted children, eligible from the date of placement for adoption
 - children covered under a Qualified Medical Child Support Order as defined by applicable federal and state laws
- each child who is:
 - a full-time student at an accredited school or college; and
 - primarily dependent on the member or member's spouse for support and maintenance

A divorced spouse is not eligible, but a spouse who is separated from the member is eligible.

Over-age child dependents

Please notify us when child dependents reach the age when they no longer can be considered a dependent. Otherwise, we will not know until a claim is submitted and the claim unfortunately is denied. To avoid this, you can run an over-age dependent report and update dependent coverage as necessary using your online services. In your policy, please review 9060 – Definitions to determine the dependent age limitation for a child and/or full-time student.



**Please review your policy for specific eligibility requirements.
If you have questions, please call us at 800-628-8889.**

▶ **Enroll plan members, dependents**

To add/update/drop member or dependent coverage using your activated online services, visit ameritas.com, Account Access, Dental/Vision, [Benefits Administrator \(NY\)](#). Then sign in to your online portal.

If you have not yet activated your benefits administrator portal and online services, please have the employee fill out an Ameritas of New York enrollment/change/waiver form available in this guide or at ameritas.com/dental or ameritas.com/vision, [Forms](#). We'll keep the original enrollment form, so if you need a copy for your records, please make one before submitting it.

Mail, fax or email enrollment forms to:

Ameritas of New York Group Administration
445 Hamilton Avenue, Suite 403A
White Plains, NY 10601
Fax: 845-357-3612
Email: group_assistants@ameritas.com

For dependents, note the following on the form:

- reason for the change
- date the dependent qualified for coverage
- and/or date the dependent coverage should end

Incomplete information or missing signatures may delay enrollment. In addition, the employee needs to elect coverage within 31 days of becoming eligible to avoid possible late entrant limitations. Please see 9060 – Definitions in your policy to determine if late entrant provisions apply.

The member's ID card and/or certificate of coverage will be available after the member is enrolled. Once the member's first claim is submitted and paid, members can opt to go paperless and receive their Explanation of Benefits (EOB) statements online. All they need to do is create their secure member account at ameritas.com, Account Access, Dental/Vision, Member, [Secure Member Account \(NY\)](#).

Same employer spouse provision

This applies to a married couple who are both employed by your company and have eligible dependent children. It allows for one spouse to carry the employee coverage and the other spouse to be covered as a dependent along with the children. See 9070 – Conditions for Insurance Coverage in your policy to determine if this is included in your plan.

Total disability

This describes a dependent who is continuously incapable of self-sustaining employment because of mental or physical handicap and chiefly dependent upon the member for support and maintenance.

Dependent exceptions

We may make exceptions for dependents who are not natural born, adopted or stepchildren of the member, but who do meet the dependent age requirement in your policy under 9060 – Definitions. Exceptions may include when the:

- member has legal guardianship of the dependent
- dependent is covered by the member's medical carrier
- member legally claims the dependent at tax time

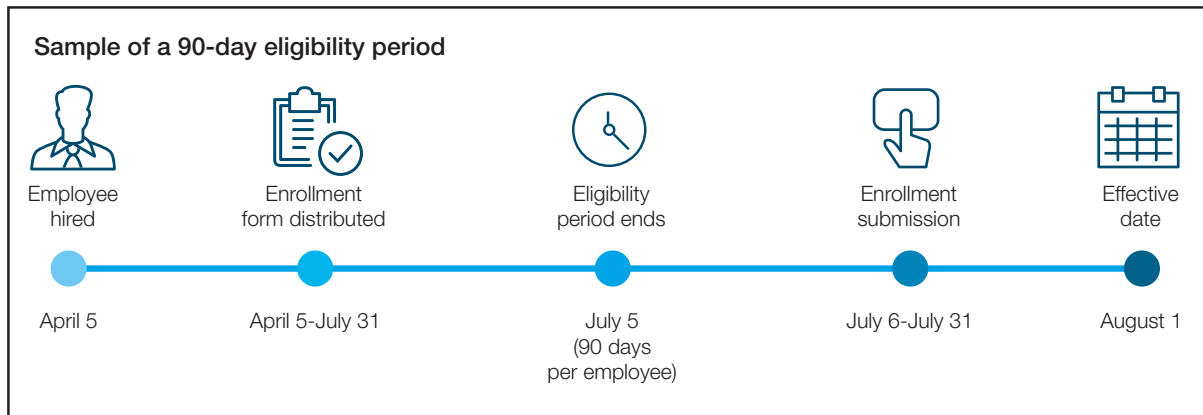
► Effective dates

The effective date for members and their covered dependents is based on the following. The eligibility period also is known as the new hire waiting period. Please note, some policies do not allow employees to waive coverage for themselves or their dependents.

If the enrollment form is signed	The member's effective date is*
on or before the eligibility period is satisfied	the date the eligibility period is satisfied
within 31 days after the eligibility period is satisfied	the date the enrollment form is signed
over 31 days after the eligibility period is satisfied	the date the enrollment form is signed**

*Some policies are written with first-of-the-month effective dates. Coverage for these policies becomes effective on the first of the month following the date the member becomes eligible.

**Check your policy to see if late entrant limitations apply.



Exceptions

If employment is the basis for plan participation, an employee needs to be in active service on the date the insurance, or any increase in insurance, takes effect. Otherwise, the insurance will not take effect until the day the employee returns to full-time active service.

Reinstatement or rehires

If employment is the basis for plan participation, a member whose eligibility terminates and is re-established may need to complete a new eligibility period. However, if the person is rehired within 12 months from the original termination date, there's no waiting period. On the enrollment/change form, include the date of rehire after the Rehire check box.

► Drop plan members, dependents

To add/update/drop member or dependent coverage using your activated online services, visit ameritas.com, Account Access, Dental/Vision, [Benefits Administrator \(NY\)](#). Then sign in to your online portal.

Outside of your benefits administrator portal, you can:

- list terminated members on page 1 of the premium statement, and note the last day worked
- draw a line under the member's name on the itemized listing, and note the last day worked
- call our administration and billing department toll free at 800-628-8889
- complete an enrollment form, note the last day worked, and mail or fax it to Ameritas of New York Group Administration

Please note that coverage ends on the date the member ceases to be an eligible member, unless your group policy contains an end-of-month provision. The member's termination date excludes accrued vacation time or similar benefits. There's no refund when termination occurs in the middle of a policy month, so the premium should be paid for the full month.

Be sure to report member terminations as quickly as possible. Without current member eligibility information, we may inadvertently pay claims for expenses incurred after the member or dependent's termination date. If this happens, we may require additional premium from your company to cover it. Please refer to your policy under 9050 – Simplified Accounting for more information.

Some members may be eligible for a continuation of coverage through COBRA. Or, you can offer them our individual dental or vision plans. Please see the information in this guide.

► Policy changes

Policy changes you may need to make include:

- company name change
- eligibility period change
- number of weekly work hours members need to qualify for coverage
- adding additional Ameritas of New York benefits, such as dental, vision, LASIK

To make policy changes, please inform your Ameritas of New York representative or your benefits broker, and send us a letter outlining your request. Some updates may require additional underwriting and impact your rates.

In your letter:

- outline your desired plan change
- include your requested effective date
- submit it in writing on your company letterhead
- make sure the letter is signed by a person authorized to represent your company
- mail, fax or email your letter to Ameritas of New York Group Administration

► Section 125 Plans

Details about Section 125 requirements can be found under IRS 26 U.S. Code § 125 and supporting treasury regulations. Please consult your tax advisor for more information and advice regarding “cafeteria plans.”

Section 125 of the IRS code allows employees to purchase benefits on a pre-tax basis. These plans are sometimes referred to as cafeteria plans. The premium usually is paid by the employee, although the employer may contribute to the premium. Section 125 plans have an annual election period each year for employees to elect the benefits they want for the coming plan year.

Eligibility for plan enrollment

Section 125 plan enrollment or termination is allowed only:

- when a new hire’s eligibility period is satisfied
- during the annual election period
- when a member experiences a life event such as marriage, divorce, death, birth or adoption, termination of employment

Please note, the annual election period is not an open enrollment. Applicable late entrant penalties would apply based on your policy. The plan year is any 12-month period selected by the employer. Calendar year is the most common.

Family status change

Qualifying life events allow an employee to make mid-plan-year changes outside of the annual election period. Examples include marriage, divorce, birth of a child, death of a spouse or child, and spouse’s termination of employment.

Annual election period

If an employee does not elect to participate when initially eligible, the employee may elect to participate at the next annual election period. A member also may elect to cancel coverage or reinstate coverage that was canceled during a previous election period. Applicable late entrant limitations would apply to members or dependents who previously waived or canceled coverage. The election period selected is in your policy under 9070 – Conditions for Insurance.

Late entrant provision

A late entrant is an employee or dependent who does not enroll within 31 days of becoming eligible or who reinstates coverage after canceling. The benefits available would be limited for the amount of time outlined in your policy under 9219 – Limitations. In addition, the premium must be paid during this period and cannot be paid in one lump sum. Check your policy to verify if late entrant limitations apply.

Elect/change/drop members, dependents

With Section 125 plans, employees and their dependents who do not elect coverage within 31 days of becoming eligible cannot enroll until the next annual election period and may be subject to late entrant limitations. Please review the 9219 – Limitations, and 9060 – Definitions, in your policy to determine if late entrant limitations apply.

Members can elect/change/drop coverage ONLY:

- within 31 days of the date the employee first becomes eligible, loses eligibility elsewhere, or experiences a qualifying life event
- during the annual election period

If the member drops coverage for reasons other than termination of employment, the change needs to be reported.

▶ Monthly plan payments

Premium payments are due by the first day of the coverage period. If you do not receive your billing statement by the first of the current month, please contact us at 800-628-8889.

Late payments received after the last day of the billing cycle may result in termination of coverage and claims processing for your members. Please refer to 9050 – Premiums, and 9323 – Grace Period, in your policy.

Pay by check

Please include the first page of your billing statement along with a check payable to Ameritas Life Insurance Corp. of New York. If you made enrollment adjustments, please show how you calculated your payment.

Mail your statement's first page, check and adjustment calculations to:

Ameritas Life Insurance Corp. of New York
P.O. Box 650730
Dallas, TX 75265-0730

Pay by phone

Some groups may qualify to use a pay-by-phone option using a check, debit or credit card. Please contact us at 800-628-8889 for more information.

Pay online

You may use Electronic Funds Transfer (EFT) even if you have not yet activated your benefits administrator portal's online services. Once set up, your EFT payment will be paid automatically, withdrawing the total premium amount due each month.

Sign up for EFT

- Access the EFT form using your activated online services. The form also is in this guide.
- Provide a copy of a voided check from the bank account you'll be using.
- Mail both items to: Ameritas of New York Group Administration, 1350 Broadway, Suite 1710, New York, NY 10018

Premium calculation

The amount due appears on the first page of your billing statement and is determined as follows.

+/-	Credit or balance forward
-	Payment received
+	Current month's premium due for active members
+/-	Retroactive credit and/or debit adjustments reflecting enrollment updates
=	Total amount due/check amount

Member termination adjustments

Please note, your premium will not be prorated for members who terminate between premium due dates. However, for retroactive terminations, from the date you notify us, you may qualify for a refund of unearned premium credit from the most current statement.



► Benefits for non-eligible workers

If you have employees who are not eligible to join your group benefits plan, you can offer them Ameritas of New York dental and vision individual plans. The member would pay the premiums and work directly with Ameritas of New York. To see what's available, visit ameritas.com/dental and click on [Individual Dental, Vision Plans](#). Then contact your Ameritas of New York sales representative or benefits broker to see if there's an individual plan shopping link you can share with workers not eligible for your group benefits plan.

Offer our individual dental and vision benefits to child dependents reaching the dependent age limitation, contracted or seasonal workers, part-time employees, retirees, employees impacted by layoffs, non-covered family members and employees leaving the company.

► COBRA continuation of group benefits

THIS INFORMATION REGARDING CONTINUATION AND COBRA IS PROVIDED FOR YOUR INFORMATION ONLY AND IS NOT LEGAL ADVICE. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING WHETHER YOUR HEALTH PLAN IS SUBJECT TO COBRA CONTINUATION REQUIREMENTS, OR ANY OTHER QUESTIONS CONCERNING COBRA, SEEK THE ADVICE OF LEGAL COUNSEL. In circumstances where a member may elect COBRA, please submit the member's last day worked in the same manner as all other terminations. Once the member has elected COBRA, follow the steps below to reinstate the member retroactive to their termination date.

COBRA enrollment

To enroll a former member or covered dependent for continuation coverage under COBRA, please notify us by filling out an enrollment/change/waiver form and filling in the COBRA box near the top of the form. People choosing COBRA continuation have 60 days to elect the coverage.

When a member elects COBRA continuation of group benefits, you can reinstate that member retroactively to their termination date. Any claims that were denied during the termination period can be reconsidered as long as the provider or member calls us at 800-659-5556 and lets us know which claims require reconsideration.

COBRA coverage will end:

- at the end of 18 months for employee members*
- at the end of 36 months for dependents, unless otherwise noted

Example: A terminated employee is eligible for a maximum of 18 months of COBRA coverage. A dependent spouse who loses coverage due to divorce can elect up to 36 months of coverage.

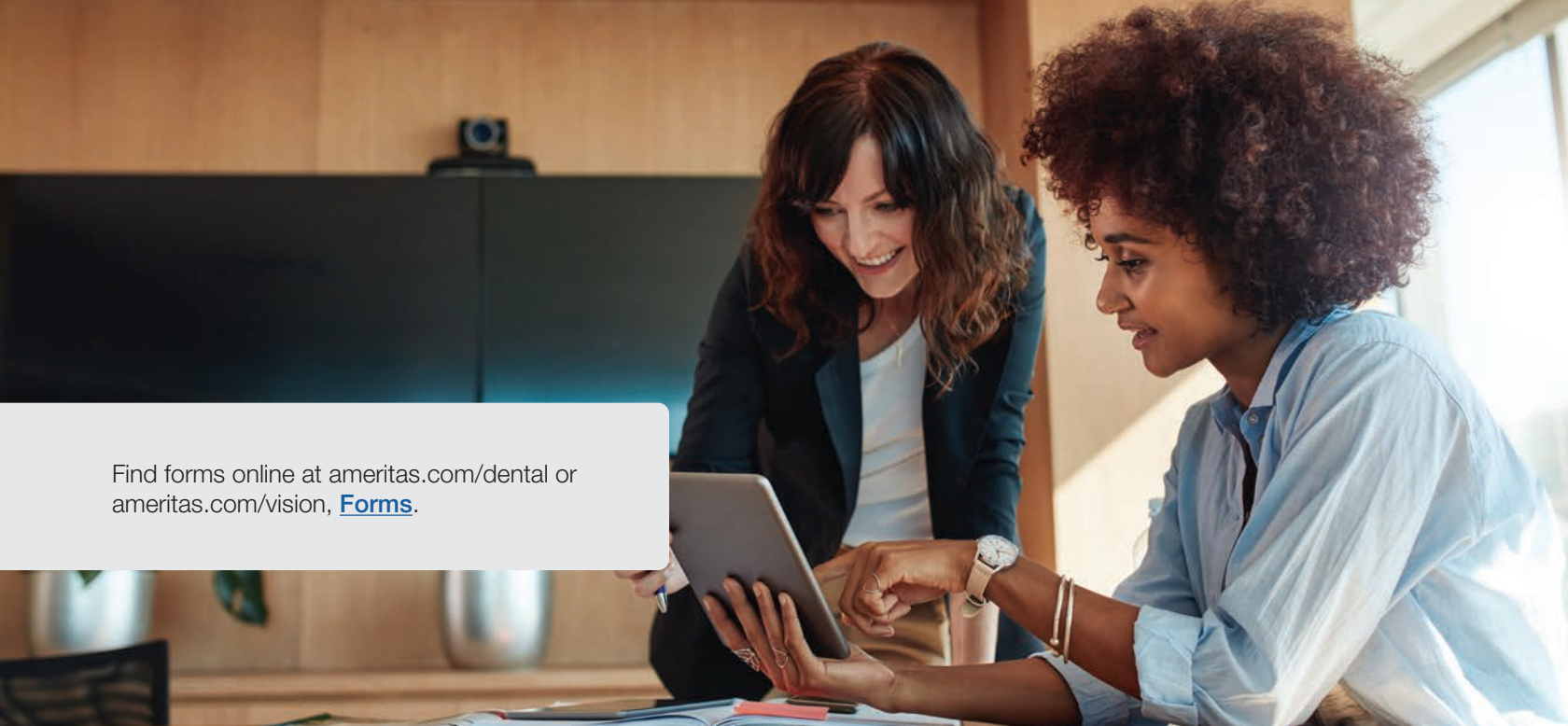
In addition, you must notify us if the person:

- has coverage for 18 months; notify us at the end of 18 months for an employee*
- has dependents; notify us at the end of 36 months for dependents, unless otherwise noted
- does not pay the premium
- becomes eligible for Medicare benefits
- remarries and becomes covered under another plan
- terminates COBRA coverage; then submit the termination in writing to discontinue COBRA coverage; please note that people who terminate COBRA coverage may not be reinstated

The Consolidated Omnibus Budget Reconciliation Act, or COBRA, became law on July 1, 1986. In general, the law requires a policyholder who employs 20 or more people to provide continuation of health care benefits to employees who lose their coverage due to a qualifying event. This includes being laid off, terminated, retired or fired for reasons other than gross misconduct. The law also allows continuation of benefits for dependents who lose coverage due to death of the member or divorce. Some states have insurance continuation legislation. These state laws, if applicable, would run concurrently with COBRA.

COBRA members can add/update/drop dependent coverage, but the coverage is limited to the continuation period. COBRA members are responsible for paying their premiums, and it's important to know that we cannot accept personal checks from the member. The amount charged is based on the same rates charged for active/retired employees and their dependents. You may add 2 percent of the premium to the rate charged and retain that 2 percent fee to cover your administrative expenses. You would be responsible for collecting the member's COBRA premium and including it with your regular premium payment.

* An employee who is disabled according to Social Security rules may be eligible for up to an additional 11 months.



Find forms online at ameritas.com/dental or ameritas.com/vision, [Forms](#).

► Claims, member account

Help your employees submit claims, and promote our secure member account portal where they can access all of their plan information. Members can create an account at ameritas.com, Account Access, Dental/Vision, Member, [Secure Member Account \(NY\)](#).



Dental claims

Typically the dental provider will submit the member's claim. If the member submits the dental claim form and wants payment made directly to the dental provider, the member can sign the authorization on the form. For a pre-treatment estimate of what the plan will pay, the dental provider can select the pre-treatment estimate checkbox on the dental claim form and submit it before the dental work begins.



Vision claims

You may have an Ameritas of New York vision plan with VSP or EyeMed network provider coverage. Or a no-network vision plan. VSP or EyeMed network providers typically submit the member's claim. However, if the member goes outside of the VSP or EyeMed network, there is an out-of-network claim form to complete. With our Vision Perfect no-network vision plans, members will need to submit an Ameritas of New York vision claim form and include the provider's itemized bill for reimbursement up to the plan benefit.



Outside the U.S.

When members travel abroad and find themselves in need of a dental or vision provider, they can call AXA Assistance toll free at 866-662-2731 or collect at 1-312-935-3727. Please note these are not Ameritas of New York providers, and referral to an AXA provider is not a guarantee of benefits. All policy provisions and limitations would apply.



Secure member account

Members may create their secure member account at ameritas.com, Account Access, Dental/Vision, Member, [Secure Member Account \(NY\)](#). For full access, members will need their first Explanation of Benefits statement from their first paid claim. Once created, members have access to their:

- ID cards
- savings cards for prescriptions and eyewear, if applicable
- benefits summary and certificate of coverage
- claims status and remaining benefits
- Explanation of Benefits (EOB) – They can elect to go paperless
- Dental Cost Estimator (dental plans)

Forms

You are welcome to download forms from ameritas.com/dental or ameritas.com/vision, [Forms](#). Or use the printed forms that follow.

- GLB Privacy Notice – Post or distribute to plan participants ([English](#), [Spanish](#) versions available online under [Privacy](#))
- Enrollment/change/waiver form – [Dental, Vision/Eye Care](#)
- Enrollment/change/waiver form – [Dental](#)
- Enrollment/change/waiver form – [Vision/EyeCare](#)
- EFT authorization form (available through your [secure Benefits Administrator \(NY\)](#) portal)

If you have questions or need assistance, please call our administration experts at 800-628-8889.



Important Notice of Privacy of Information Practices

This Privacy Notice is provided on behalf of the group and individual dental, vision and hearing care businesses of Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York.

our commitment to your privacy

We value your trust. That is why we are committed to protecting your personal information. This notice explains the way we use and protect your personal information. You do not need to take any action, but you do have certain rights that are described in this notice.

Ameritas

In addition to Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York, Ameritas consists of the following affiliated companies:

- Ameritas Investment Company, LLC
- Ameritas Advisory Services, LLC
- Variable Contract Agency, LLC
- Ameritas Investment Partners, Inc.

Information we collect

We collect information about you for the purpose of conducting routine business functions, such as paying your dental, vision and hearing care claims. Following are examples of the types of customer information we may collect about you:

- **Personal identification and contact information**, such as your:
 - Name and address,
 - Social Security number and
 - Date of birth.
- **Group enrollment information (as applicable)**, such as your:
 - Employment status and
 - Date of hire.
- **Health information**, such as the claims information you or your dental, vision or hearing care provider submit to us so we can process your claims and assess your benefits.

How we gather your personal information

Most of the information we collect about you comes directly from you. You give us personal information

when you purchase an individual policy or when you enroll in your employer's dental, vision and/or hearing care plan. We also may receive information from:

- Your dental, vision and/or hearing care provider,
- Governmental agencies and
- Independent reporting agencies.

Information collected by us from insurance support organizations, such as independent reporting agencies, is maintained by that insurance support organization and may be disclosed to other persons.

How we use and share your personal information

We do not sell or share your information with outside marketers. However, we may share your information outside of Ameritas for the following reasons:

- **Service Providers.** We may share information about you with service providers. Service providers are unrelated companies who perform business transactions for us. We require service providers to keep your information confidential. We prohibit them from using your information for their own purposes or re-disclosing it to anyone. Disclosures to service providers are part of our business operations. You may not opt out of these disclosures.
- **Required by law.** Sometimes the law requires us to share customer information, such as in response to a valid summons, court order, search warrant or subpoena. We must comply with the law and therefore you may not opt out of these disclosures.
- **Agents and brokers.** We may share your information with your agent or broker so he or she may provide you with efficient and superior service. Our agents and brokers understand the importance of your privacy and they are required by law to maintain your privacy and safeguard your information. We require our agents and brokers to follow our policies in order to keep your personal information private and secure. You may not opt out of these disclosures.



Health or medical information

We will not release your medical or health information to anyone unless we are permitted or required by law to do so. When we are not permitted or required by law to disclose your health or medical information, we will not do so without your written authorization.

Examples:

- **Permitted by law:** The law permits us to exchange information with your health care provider in order to process your claims and facilitate payment.
- **Required by law:** The law requires us to disclose your information under a valid court order.

Your rights

This notice is also available on our website. You may request an additional copy by writing, e-mailing or calling the Ameritas Privacy Office as indicated at the end of this notice.

You have the right to review the information we have about you. You must make this request in writing and include your full name, address and policy or account number. We may charge you a reasonable fee for the copies you request.

You have the right to request that we make corrections to the information we maintain about you if you believe our records are incorrect. All requests must be in writing.

We safeguard your personal information

We maintain physical and electronic safeguards for the protection of your personal information. We restrict access of your information to our employees and agents who need it to perform their jobs. Our employees and agents understand the importance of these safeguards. We have trained them in the proper handling of your personal information.

Former customers' personal information

The policies and practices described in this notice apply equally to current and former customers. When you are no longer a customer, we will maintain your information for the period of time required by law and then it is destroyed. As a former customer, however, you will not receive our annual Privacy Notice.

Our privacy policies

This Privacy Notice summarizes the Official Privacy Policy of Ameritas identified on the first page of this notice, which became effective on January 1, 2006. This notice complies with all applicable laws and regulations. If your state's privacy law requires more restrictive practices than those described in this notice, we will apply the more restrictive practices to your information. We may make changes to our privacy policies from time to time. However, if we make a change that impacts the accuracy of the sharing practices that are explained in this notice, we will provide you with a revised Privacy Notice within 30 days.

Special note to our group and individual dental, vision and hearing care plan sponsors and participants:

Our group and individual dental, vision and hearing care plans must also comply with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Our Notice of Protected Health Information Practices more specifically describes our privacy policies with regard to your information. You may contact our Privacy Office to request an additional copy.

**Ameritas Privacy Office
P.O. Box 81889
Lincoln, NE 68501-1889
1-888-284-7844
privacy@ameritas.com**

notificación importante sobre prácticas de privacidad de la información

Esta notificación se brinda en representación de las divisiones grupal e individual para la atención dental oftalmológica y de la audición de Ameritas Life Insurance Corp. y Ameritas Life Insurance Corp. of New York.

nuestro compromiso de privacidad con usted

Valoramos su confianza. Es por eso que nos comprometemos a proteger su información personal. Esta notificación explica cómo utilizamos y protegemos su información personal. No necesita tomar ningún tipo de medida, pero sí le corresponden ciertos derechos que se describen en la presente notificación.

Ameritas

Además de Ameritas Life Insurance Corp. y Ameritas Life Insurance Corp. of New York, Ameritas están formadas por las siguientes compañías afiliadas:

- Ameritas Investment Company, LLC
- Ameritas Advisory Services, LLC
- Variable Contract Agency, LLC
- Ameritas Investment Partners, Inc.

Qué información recolectamos

Recolectamos información acerca de usted con el fin de llevar a cabo funciones comerciales de rutina, tales como pagar sus reclamos de atención dental, oftalmológica y de la audición. Los siguientes son ejemplos de los tipos de información de clientes que podemos recolectar sobre usted:

- **Información de identificación personal y de contacto**, tal como su:
 - Nombre y dirección
 - Número de seguro social
 - Fecha de nacimiento
- **Información de inscripción grupal (si así aplica)**, tal como su:
 - Condición laboral
 - Fecha de contratación
- **Información médica como por ejemplo** la información de reclamos que usted o su proveedor de atención dental, oftalmológica y de la audición presentan ante nosotros para que podamos procesar dichos reclamos y determinar los beneficios.

Cómo reunimos su información personal

La mayor parte de la información que recolectamos sobre usted proviene directamente de usted mismo. Usted nos provee información personal cuando adquiere una póliza individual o cuando se inscribe en el plan de atención dental, oftalmológica y de la audición de su empleador. También podemos recibir información de:

- Su proveedor de atención dental, oftalmológica y/o de la audición
- Agencias gubernamentales
- Agencias de informes independientes

La información que recolectamos por parte de organizaciones de asistencia para aseguradoras, tales como agencias independientes de datos, es administrada por dichas organizaciones y puede que sea compartida con otras personas.

Cómo utilizamos y compartimos su información personal

No vendemos ni compartimos su información con comerciantes externos. Sin embargo, es posible que compartamos su información fuera de Ameritas por las siguientes razones:

- **Proveedores de servicios.** Podemos compartir su información con proveedores de servicios. Los proveedores de servicios son compañías no relacionadas que llevan a cabo transacciones comerciales para nosotros. Requerimos que los proveedores de servicios mantengan la confidencialidad de su información. Les prohibimos que utilicen su información con fines propios o que la vuelvan a divulgar. Las divulgaciones a los proveedores de servicios son parte de nuestras operaciones comerciales. No puede optar por que no se realicen estas divulgaciones.
- **Exigido por ley.** En ocasiones la ley nos exige que compartamos la información de los clientes por ejemplo, en respuesta a una citación, orden judicial, orden de allanamiento u orden de



comparecencia válida. Debemos cumplir con la ley y por ende usted no puede optar para que no se realicen dichas divulgaciones.

- **Agentes e intermediarios.** Podemos compartir la información con su agente o intermediario a fin de que pueda brindarle el mejor y más eficiente servicio. Sus agentes e intermediarios comprenden la importancia de su privacidad y la ley les exige que mantengan y resguarden su información. Nosotros exigimos que nuestros agentes e intermediarios cumplan con nuestras políticas para que su información personal permanezca privada y segura. No puede optar por que no se realicen estas divulgaciones.

Información médica o de salud.

No revelaremos su información médica o de salud a nadie a menos que la ley nos permita o nos exija hacerlo. Cuando la ley no nos permite ni exige que divulguemos su información médica o de salud, no lo haremos sin su autorización por escrito.

Ejemplos:

- **Permitido por ley:** La ley nos permite intercambiar información con su proveedor de atención médica para procesar sus reclamos y facilitar el pago.
- **Exigido por ley:** La ley nos exige que divulguemos su información mediante una orden judicial válida.

Sus derechos

Esta notificación también se encuentra disponible en nuestro sitio Web. Puede solicitar una copia adicional por escrito, por correo electrónico o por teléfono a Ameritas según se indica al final de la presente notificación.

Tiene derecho a revisar la información que poseemos sobre usted. Debe realizar esta solicitud por escrito e incluir su nombre completo, dirección y número de póliza o cuenta. Es posible que le cobremos un cargo razonable por las copias que solicite.

Tiene derecho a solicitar que realicemos correcciones a la información que conservamos sobre usted si considera que nuestros registros son incorrectos. Todas las solicitudes deben ser por escrito.

Protegemos su información personal

Poseemos medidas de seguridad electrónicas y físicas para la protección de su información personal. Restringimos el acceso a su información a los empleados y agentes que necesitan de ella para

realizar sus trabajos. Nuestros empleados y agentes comprenden la importancia de estas medidas de seguridad. Los hemos capacitado para que manejen su información personal correctamente.

Información personal de nuestros ex clientes

Las políticas y prácticas descritas en esta notificación se aplican por igual a clientes actuales y ex-clientes. Cuando usted deje de ser cliente, conservaremos su información por el período de tiempo exigido por ley y luego la destruiremos. Sin embargo, por ser ex cliente, usted no recibirá nuestra notificación de privacidad anual.

Nuestras políticas de privacidad

Esta notificación de privacidad resume la política de privacidad oficial de Ameritas que se identifican en la primera página de la presente, cuya vigencia comenzó el 1 de enero de 2006. Esta notificación cumple con todas las leyes y reglamentaciones vigentes. Si la ley de privacidad de su estado exige prácticas más restrictivas que las descritas en la presente notificación, aplicaremos las prácticas más restrictivas a su información. Podemos realizar cambios a nuestras políticas de privacidad periódicamente. Sin embargo, si realizamos algún cambio que afecte la exactitud de las prácticas para compartir información que se explican en esta notificación, le enviaremos una notificación de privacidad revisada dentro de treinta días.

Notificación especial para los patrocinadores y participantes de nuestro plan dental, oftalmológico y de audición:

Nuestros planes dentales, oftalmológicos y de audición deben cumplir también con los requisitos de privacidad de la Ley de Responsabilidad y Portabilidad del Seguro Médico (HIPAA) y de la Ley de Tecnologías de la Información Médica para una Salud Clínica Rentable (HITECH). Nuestra notificación de prácticas de información médica protegida describe más específicamente nuestras políticas de privacidad con respecto a su información. Puede comunicarse con nuestra oficina de privacidad para solicitar una copia adicional.

**Ameritas Privacy Office
P.O. Box 81889
Lincoln, NE 68501-1889
1-888-284-7844
privacy@ameritas.com**

enrollment/change/waiver Group Insurance Form

Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 1-800-628-8889



Policy and Div. # 026- _____

COBRA: If individual is a continuee:

Qualifying Event _____

Date of Event _____

Cert. # _____

Name and Address of Employer (Policyholder) _____

1 to enroll Dental Eye Care To terminate all coverages

Employee Information

Marital Status Single Married Civil Union* Domestic Partner* *As defined by state law or your Group.

Social Security number _____ Dept. number _____

Employee's last name, first name, MI _____

Date of birth _____ Male Female Full time date of hire _____ Rehire: Rehire date _____

Occupation _____ Hours worked each week _____ Are your earnings paid: Hourly or Salaried

Street address _____ City _____ State _____ ZIP _____

E-mail address (limit of 60 characters) _____

Are you covered under another dental insurance plan? **Employee:** Yes No **Dependents:** Yes No

Are you covered under another eye care insurance plan? **Employee:** Yes No **Dependents:** Yes No

Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Please Sign (employee/policyholder) The certificate provides dental and eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS: I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

X

Employee Signature (do not print) _____ Date _____

X

Policyholder Signature (do not print) _____ Date _____

Any person who knowingly and with intent to defraud any insurance company or other reason 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 shall also be subject to a civil penalty not to exceed five-thousand dollars and the stated value of the claim for each such violation.

Employee late entrant date _____

Effective Date	Class	Dep. Code
----------------	-------	-----------

Dependent late entrant date _____

2 to change

Name Change New Name _____ Old Name _____

Add Dependent Coverage

If due to marriage, what is the date of marriage? _____ If due to birth/adoption, what is the date of event? _____

If due to loss of coverage, date and reason: _____

If other, the date of event and please explain: _____

Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____

Due to divorce Due to death Due to annual election period Exceeds maximum age to qualify as dependent

Other (please explain) _____

3 to waive

IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

myself (does not apply to TRUST policies) spouse/domestic partner child(ren) only spouse/domestic partner and child(ren)

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number** – to make sure plan members are added to the correct group.
- **Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date** – needed so the correct effective date is calculated for new members.
- **Class Number** – needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a “life event” or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . .) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.

enrollment/change/waiver Group Insurance Form

Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 1-800-628-8889



Policy and Div. # 026- _____	<input checked="" type="checkbox"/> COBRA: If individual is a continuee:	Qualifying Event _____	Date of Event _____
Cert. # _____			

Name and Address of Employer (Policyholder) _____

1 to enroll Dental To terminate all coverages

Employee Information

Marital Status Single Married Civil Union* Domestic Partner* *As defined by state law or your Group.

Social Security number _____ Dept. number _____

Employee's last name, first name, MI _____

Date of birth _____ Male Female Nonbinary Full time date of hire _____ Rehire: Rehire date _____

Occupation _____ Hours worked each week _____ Are your earnings paid: Hourly or Salaried

Street address _____ City _____ State _____ ZIP _____

E-mail address (limit of 60 characters) _____

You must fill out the following section: Would you like to be added to the Donate Life Registry? Yes Skip

If you selected "Yes", you may enroll at the New York State Department of Health Donate Life Registry at the following website address:

<https://donatelife.ny.gov/download-forms>

Are you covered under another **dental** insurance plan? **Employee:** Yes No **Dependents:** Yes No

Dependent Coverage Information

 List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Please Sign (employee/policyholder) **The certificate provides dental benefits only. Review your certificate carefully.**

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. **THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:** I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

Any person who knowingly and with intent to defraud any insurance company or other reason 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 shall also be subject to a civil penalty not to exceed five-thousand dollars and the stated value of the claim for each such violation.

X _____ **X** _____
Employee Signature (do not print) Date Policyholder Signature (do not print) Date

Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

2 to change

Name Change New Name _____ Old Name _____

Add Dependent Coverage

If due to marriage, what is the date of marriage? _____ If due to birth/adoption, what is the date of event? _____

If due to loss of coverage, date and reason: _____

If other, the date of event and please explain: _____

Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____

Due to divorce Due to death Due to annual election period Exceeds maximum age to qualify as dependent

Other (please explain) _____

3 to waive IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

myself (does not apply to TRUST policies) spouse/domestic partner child(ren) only spouse/domestic partner and child(ren)

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number** – to make sure plan members are added to the correct group.
- **Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date** – needed so the correct effective date is calculated for new members.
- **Class Number** – needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . .) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

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- 3) use blue or black ink.

Don't:

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enrollment/change/waiver Group Insurance Form

Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 1-800-628-8889



Policy and Div. # 026- _____ Cert. # _____	COBRA: If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
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Name and Address of Employer (Policyholder) _____

1 to enroll Eye Care To terminate all coverages

Employee Information

Marital Status Single Married Civil Union* Domestic Partner* *As defined by state law or your Group.

Social Security number _____ Dept. number _____

Employee's last name, first name, MI _____

Date of birth _____ Male Female Full time date of hire _____ Rehire: Rehire date _____

Occupation _____ Hours worked each week _____ Are your earnings paid: Hourly or Salaried

Street address _____ City _____ State _____ ZIP _____

E-mail address (limit of 60 characters) _____

Are you covered under another eye care insurance plan? **Employee:** Yes No **Dependents:** Yes No

Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

Please Sign (employee/policyholder) The certificate provides eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS: I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

X _____ Employee Signature (do not print)	_____ Date	X _____ Policyholder Signature (do not print)	_____ Date
---	------------	---	------------

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Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

2 to change

Name Change New Name _____ Old Name _____

Add Dependent Coverage

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If due to loss of coverage, date and reason: _____

If other, the date of event and please explain: _____

Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____

Due to divorce Due to death Due to annual election period Exceeds maximum age to qualify as dependent

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myself (does not apply to TRUST policies) spouse/domestic partner child(ren) only spouse/domestic partner and child(ren)

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

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- 3) write on the top or bottom margins. This information is not always captured on the image system.

EFT – Electronic Funds Transfer



Ameritas Life Insurance Corp. of New York 445 Hamilton Avenue, Suite 403A / White Plains, NY 10601 / 800-628-8889 / Fax 402-467-7332

Request and Authorization for Bank Payment Plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

Online: Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, ameritasgroup.com/NY, sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

Mail: Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

Authorized Agreement for Prearranged Payments (Debits)

Group Policy #: _____ Phone #: _____

Policyholder Name: _____

Policyholder Contact: _____

New Authorization Change of Account

Checking Account Savings Account

I hereby authorize Ameritas Life Insurance Corp. of New York to initiate debit entries to the account number listed below, and at the bank named below, herein called BANK, to debit the same to such account. Draft day will be on or about the day "PAY BILL" is requested by policyholder.

Bank Account Number: _____ Bank Routing Number (9 digits): _____

Bank Name: _____

Account Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number of Financial Institution: _____

To ensure a timely and effective setup, it is preferred that you send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first. Completion of this request will be 10 or 15 business days after receipt. Please continue to remit payment until you are notified.

Name (print)

X _____
Signature

Title of Authorized Signer

Date

Federal Tax ID#

Please keep a copy of this form for your records.

Preventing Claims Fraud

Did you know that health care fraud costs millions and adds to the cost of insurance? According to the U.S. Government Accountability Office, approximately 10% of the nation's total health care spending each year is attributed to fraudulent claims. Common examples of claims fraud include, but are not limited to:

▶ Provider fraud

- billing for services/supplies not provided
- duplicate billing
- changing dates of service to coincide with coverage
- not charging the insured patient a coinsurance/deductible
- submitting charges for which, in the absence of insurance, there would have been no charge
- changing procedure codes to qualify for benefits

▶ Provider claims abuse

- upcoding (reporting simple extractions as surgical or using higher-allowance procedures than actually performed, etc.)
- unbundling (breaking down charges incidental to a service and billing them separately, such as X-rays for root canals, etc.)

▶ Member fraud

- forged claims (no assignment, no claim form, itemized bill is altered)
- changing patient name
- giving false information concerning the existence of other coverage
- using another person's insurance card

▶ Fraud hotline

Each member should review his or her benefit statement to be sure all the work reported was actually completed. Even when errors are accidental, they can add to the cost of care. To help uncover fraud, the following message appears on each benefit statement issued to all plan members:

State laws require insurance carriers to investigate suspected fraudulent activity. If you suspect fraudulent activity or reporting of incorrect information, call our Fraud Hotline at 800-277-9752.



Dental Well-being

Visit our blog at [ameritas.com/insights](https://www.ameritas.com/insights) for more information about health, benefits and overall well-being. Share links with employees in newsletters or on your company intranet.

[Why does preventive care matter?](#)

Employees often don't understand the value of preventive dental care, reports the Society for Human Resource Management (SHRM). As younger employees join the workforce, it's a good time to educate them about the value of preventive dental care, and also remind current workers to schedule yearly or semi-yearly exams.

[4 things that happen if you avoid the dentist](#)

Many people believe good oral care means they only need to brush their teeth once or twice each day, and floss once daily. While these are important actions, it's also necessary to schedule regular dental appointments for a checkup and professional teeth cleaning.

[How to find the right dentist](#)

Do you need to find a new dentist? Maybe you've moved, switched jobs or just want to make a change. There are many dental office choices, so it can take time to find one that fits your needs. Don't wait until you have oral pain to pick a dentist.

[7 things you can do to prevent tooth decay](#)

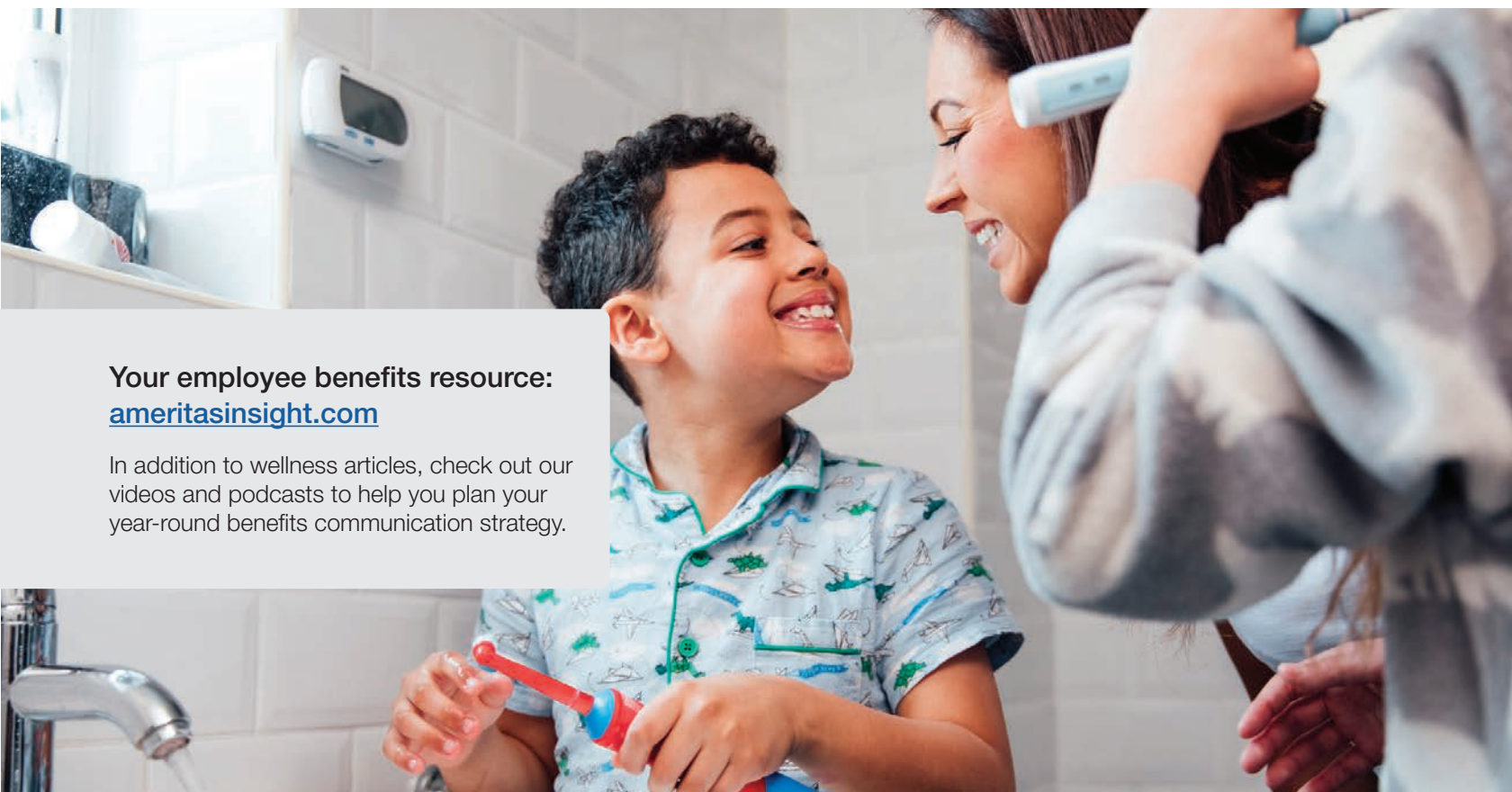
If you've had a cavity in a permanent tooth, you're not alone. Over 90 percent of adults ages 20 to 64 have or have had decay caused by bacteria. After age 65, nearly 96 percent of people have or have had dental cavities. Fortunately, it's possible for you to avoid them.

[Can baking soda be used to brush and whiten teeth?](#)

Baking soda is considered a miracle product. Originally developed in 1843, baking soda, also known as sodium bicarbonate, is a reliable cleaning agent, deodorizer, baking ingredient and home health remedy. But many people wonder whether they can safely use baking soda to brush or whiten their teeth.

Your employee benefits resource:
[ameritasinsight.com](https://www.ameritasinsight.com)

In addition to wellness articles, check out our videos and podcasts to help you plan your year-round benefits communication strategy.



Vision Well-being

Here are five article excerpts that support and encourage good vision for your employees and their loved ones. You are welcome to share the [ameritasinsight.com](https://www.ameritasinsight.com) link with your employees as one of your wellness resources.

[3 reasons why eye exams are important](#)

People who enjoy excellent vision often wonder whether they really need to schedule an eye exam. But an eye exam is just as much about checking the healthiness of your eyes as it is evaluating how well you can see.

[7 Foods for Healthy Eyesight](#)

Consuming foods rich in antioxidants can enhance your vision. Medical experts say serious eye conditions can be prevented if you eat whole, unprocessed foods rich in vitamins. Review this list of seven foods for healthy eyesight and try to work them into your diet.

[Vision Milestones for Babies: What Parents and Caregivers Should Know](#)

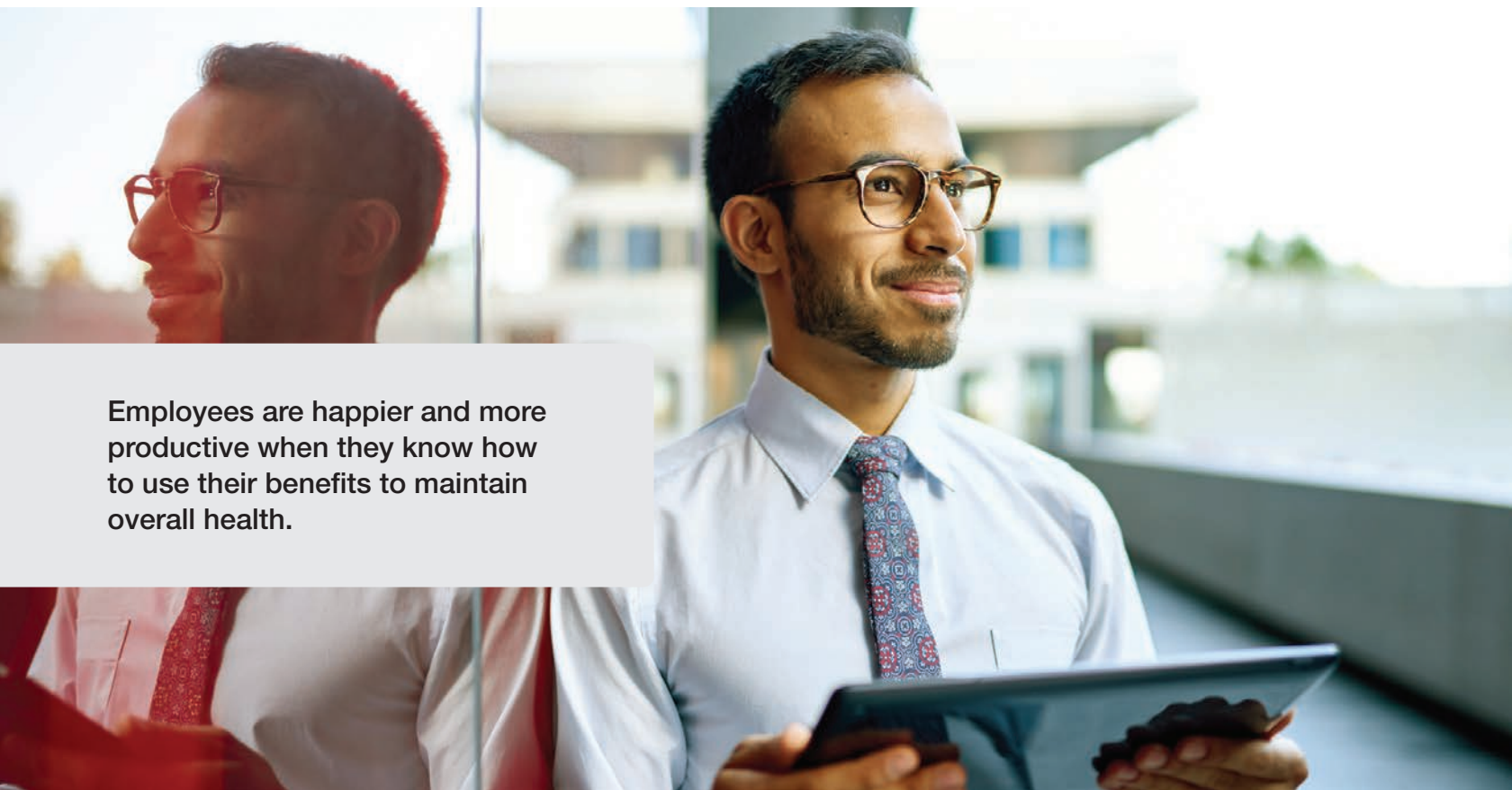
Did you know that babies' eyes develop as their bodies grow? Following birth, babies start learning about the world around them. Initially, they focus on the faces of family members. But as their vision develops, babies start interacting with the people and objects they see. To ensure infants' eyes develop correctly, parents and caregivers should watch for the following vision milestones for babies from birth to age two.

[7 ways to keep your eyes healthy](#)

Most people don't think about the value of their eyes until their sight is diminished or permanently impaired. It's not too late to start taking care of your vision.

[5 Tips to Prevent Vision Problems from Digital Devices](#)

Employees today work from many locations: home, office or a combination of both. Most workers use digital devices to complete projects. They spend many work hours on computers, e-readers or smartphones.



Employees are happier and more productive when they know how to use their benefits to maintain overall health.



We help create beautiful smiles, put life into focus and promote good health. We're proud to be part of your benefits program, and we'll make benefits administration easy for you.



Ameritas Life Insurance Corp. of New York

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