

enrollment/change/waiver group insurance form

COBRA: If individual is a continuee

Qualifying Event _____

Date of Event _____



P.O. Box 81889
Lincoln, NE 68501-1889
800-659-2223 / Fax: 402-467-7338

Policy and Div. # **010-** Dental: 28318-1 Vision: 28318-2 Cert. # _____

Name and Address of Employer (Policyholder) NURSE STAFFING LLC

1 to enroll Dental Eye Care To terminate all coverages

employee information Marital Status Single Married

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)	add	drop	relationship	sex	date of birth	social security number
1 _____	<input type="checkbox"/>	<input type="checkbox"/>				
2 _____	<input type="checkbox"/>	<input type="checkbox"/>				
3 _____	<input type="checkbox"/>	<input type="checkbox"/>				
4 _____	<input type="checkbox"/>	<input type="checkbox"/>				
5 _____	<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 _____

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date _____

Dependent late entrant date _____

Effective Date	Class	Dep. Code
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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

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 only** **child(ren) only** **spouse 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.

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: 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 of the third degree.

Note for Georgia, Oregon and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: 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 civil fines and criminal penalties.

Note for Pennsylvania Residents: 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.

Note for Maryland and Washington, D.C. Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

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.

NURSE STAFFING, LLC

Dental Highlight Sheet



Current Dental Plan Summary

Effective Date: 6/01/2013

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Type 4	65%
Deductible	\$50/Calendar Year Type 2, 3 & 4 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	Varies - See Plan Features

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3	Type 4
<ul style="list-style-type: none">• Routine Exam (2 per benefit period)	<ul style="list-style-type: none">• Full Mouth/Panoramic X-rays (1 in 3 years)	<ul style="list-style-type: none">• Onlays	<ul style="list-style-type: none">• Periodontics (surgical)
<ul style="list-style-type: none">• Bitewing X-rays (2 per benefit period)	<ul style="list-style-type: none">• Periapical X-rays	<ul style="list-style-type: none">• Crowns (1 in 5 years per tooth)	<ul style="list-style-type: none">• Denture Repair
<ul style="list-style-type: none">• Cleaning (2 per benefit period)	<ul style="list-style-type: none">• Sealants (age 17 and under)	<ul style="list-style-type: none">• Crown Repair	<ul style="list-style-type: none">• Complex Extractions
<ul style="list-style-type: none">• Fluoride for Children 18 and under (1 per benefit period)	<ul style="list-style-type: none">• Restorative Amalgams	<ul style="list-style-type: none">• Prosthodontics (fixed bridge; removable complete/partial dentures)	<ul style="list-style-type: none">• Anesthesia
<ul style="list-style-type: none">• Space Maintainers	<ul style="list-style-type: none">• Restorative Composites	<ul style="list-style-type: none">• Endodontics (nonsurgical)	
	<ul style="list-style-type: none">• Endodontics (surgical)	<ul style="list-style-type: none">• Endodontics (surgical) (1 in 5 years)	
	<ul style="list-style-type: none">• Periodontics (nonsurgical)		
	<ul style="list-style-type: none">• Simple Extractions		

Monthly Rates

Employee Only (EE)	\$45.48
EE + Spouse	\$89.04
EE + Children	\$103.28
EE + Spouse & Children	\$146.84

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **NURSE STAFFING, LLC**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

NURSE STAFFING, LLC

Dental Highlight Sheet



Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Flex 12

This plan is subject to elimination periods on several procedures.

ELIMINATION PERIODS

Type 1	0 months
Type 2	0 months
Type 3	24 months
Type 4	12 months

Domestic Partner

State law requires Domestic Partner coverage be offered to policyholders. Domestic partner means two unrelated individuals who share the necessities of life, live together, and have an emotional and financial commitment to one another, similar to that of a spouse.

Civil Union

The New Jersey Civil Union Act, P.L. 2006, c. 103 provides that civil union couples shall have all of the same benefits as are granted to spouses in a marriage. Effective February 19, 2007, all New Jersey policies that include dependent coverage will provide coverage to enrolled civil union couples. Therefore, the contractual term "dependent" includes a party to a civil union including a child or children who is born or brought to a civil union established according to New Jersey law.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

NURSE STAFFING, LLC

Eye Care Highlight Sheet



Current Focus® Plan Summary

Effective Date: 06/01/2013

	VSP Network	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in full	Up to \$47
Lenses (per pair)		
Single Vision	Covered in full	Up to \$48
Bifocal	Covered in full	Up to \$69
Trifocal	Covered in full	Up to \$85
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$105	Up to \$45
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$25 adults	No benefit
Solid Plastic Dye	\$13 (Except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit
Lasik or PRK	Average discount of 15% off retail. See Additional Focus Features.	No benefit

*Lens Option member costs vary by prescription and option chosen.

Monthly Rates

Employee Only (EE)	\$11.20
EE + 1 Dependent	\$22.08
EE + 2 or More Dependents	\$30.88

Additional Focus® Features

Contact Lenses Elective	<p>Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts chosen in lieu of glasses.</p> <p>New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.</p>
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritasgroup.com/member

View plan benefit information at: vsp.com

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