Group Insurance Enrollment Card

ASSURANT Employee Benefits

Check one – Employer Use
- ☐ **Initial Employee:**
  - ☐ **Transfer from Prior Dental**
  - ☐ **Non-Transfer**
- ☐ **New Employee**
  Date of Hire _____
- ☐ **Change**
- ☐ **Open Enrollment**

(Please print clearly.)

Employer	Effective Date	Location/Division
Employee First Name	MI	Last Name
Address	City	State / Zip
Social Security No.	Birthdate	Phone / Sex ☐ M ☐ F

DENTAL COVERAGE

I APPLY FOR:
- ☐ Employee only
- ☐ Employee and eligible dependents

☐ **I DECLINE COVERAGE FOR:**
- ☐ Employee
- ☐ Spouse
- ☐ Child(ren)

Do you have eligible dependents? ☐ Yes ☐ No If "Yes," complete below to enroll them.	Relation	Sex	Birthdate Mo	Day	Year	For children age 19 or older, indicate if a full-time student. Yes	No
Spouse							
Child(ren)							

☐ List additional Children on reverse side and check box.

- If the address of any child is different than the employee's address, please show that **child's name and address** below.

  _____

- If requesting coverage for a dependent child other than a son or daughter, please forward legal custody papers.

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any insurance.

I hereby apply as indicated herein for the insurance for which I am not now insured and for which I am or may become eligible under the terms of Union Security Insurance Company's group policy or policies (including any future amendments) applying to, or requested to apply to, the employer named above. If such insurance becomes effective, I authorize deductions from my earnings of my contributions required from time to time toward the cost of such insurance. I represent that I am an active full-time employee of that employer. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Date _____ Signature _____

Union Security Insurance Company
Mail to: **Assurant Employee Benefits** 2323 Grand Boulevard Kansas City MO 64108