

Consumer Driven Choices	RED PLUS
Monthly Employee Rates	
Employee Only Employee + One Employee + Family	Employer Paid \$10.00 \$20.00
	A Limited Reimbursement Program
Calendar Year Deductible:	No Deductible
Calendar Year Max Benefit:	No Maximum
Reimbursement %	100% Class I - 2/yr
PREVENTIVE SERVICES - CLASS I	
Waiting Period	None
Office Visit Routine Exams Cleaning X-rays Complete Series Fluoride Treatment Sealants Space Maintainers	No Charge 100%*** of the Reimbursement Schedule QCD General Dentist Only See Reduced Fee Schedule (Approx. 50% Savings)
BASIC SERVICES - CLASS II	
Waiting Period	None
Extractions Fillings	See Reduced Fee Schedule (Approximately 50% Savings)
MAJOR SERVICES - CLASS III	
Waiting Period	None
Crowns Bridges Inlays/Onlays Dentures Endio/Perio Oral Surgery	See Reduced Fee Schedule (Approximately 50% Savings)
ORTHODONTIA	
Waiting Period	None
Lifetime Maximum Coverage	None Children & Adults
SPECIAL PROGRAM FEATURES	
	Limited reimbursement for preventive services only

QCD Clear Vision Discount Program (Included In All Dental Plans)

Eye Examination	Spectacle Lenses (Uncoated Plastic)
Contact Lens Examination	Single \$35.00
15% discount off Usual & Customary	Bifocal \$55.00
15% discount off Usual & Customary	Trifocal \$65.00
Frame	Lenicular \$110.00
Priced up to \$70 Retail = \$40.00	Conventional
Priced over \$70 Retail = \$40.00	20% off Provider's Usual & Customary
10% off the amount over \$70.00	Disposable/Planned Replacement
	10% off Provider's Usual & Customary

** QCD " RED PLUS" Program - Member pays a QCD provider at time of service per QCD Schedule of Program Fees and then submits a copy of the paid receipt for reimbursement - Claims paid in approximately 6-10 business days. Out-of-Network insurance reimbursements are per a set reimbursement schedule.

Schedule of Programs Fees



Procedure Number	Member Fee	Procedure Number	Member Fee
DIAGNOSTIC DENTISTRY		ENDODONTICS	
D0120	PERIODICAL ORAL EXAMINATION\$9.00	D3110	PULP CAP, DIRECT.....\$19.00
D0140	LIMITED ORAL EXAMINATION, PROBLEM FOCUSED\$12.00	D3120	PULP CAP, INDIRECT\$24.00
D0150	COMPREHENSIVE ORAL EXAMINATION\$18.00	D3220	PULPOTOMY.....\$35.00
D0210	INTRAORAL X - RAY COMPLETE SERIES\$28.00	D3310	ROOT CANAL, ANTERIOR.....\$159.00
D0460	PULP VITALITY TEST.....\$15.00	D3320	ROOT CANAL, BICUSPID.....\$209.00
D9999	ASEPSIS FEE (INFECTION CONTROL)\$8.00	D3330	ROOT CANAL, MOLAR.....\$259.00
ALL BITEWING / SINGLE FILM X-RAYS.....20% DISCOUNT		D3920	HEMISECTIO.....\$65.00
PREVENTATIVE DENTISTRY		A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D1110	PROPHYLAXIS – ADULT\$24.00	PERIODONTICS	
D1120	PROPHYLAXIS – CHILD\$24.00	D4210	GINGIVECTOMY/GINGIVOPLASTY –(PER QUADRANT)....\$180.00
D1203	APPLICATION TOPICAL FLUORIDE – CHILD.....\$5.00	D4211	GINGIVECTOMY/GINGIVOPLASTY - (PER TOOTH).....\$50.00
D1204	APPLICATION TOPICAL FLUORIDE – ADULT\$5.00	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - (PER QUADRANT)\$200.00
D1351	SEALANT-PER TOOTH\$14.00	D4260	OSSEOUS SURGERY-(PER QUADRANT) (INCLUDING FLAP ENTRY AND CLOSURE)\$260.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL\$60.00	D4341	PERIODONTAL SCALING AND ROOT PLANING - (PER QUADRANT).....\$75.00
D1515	SPACE MAINTAINER - FIXED BILATERAL\$75.00	D4355	FULL MOUTH DEBRIDEMENT\$70.00
A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.		D4910	PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY\$30.00
COSMETIC		A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
ALL COSMETIC DENTISTRY20% DISCOUNT		PROSTHODONTICS – REMOVABLE	
RESTORATIVE DENTISTRY		(LAB FEES ADDITIONAL COST)	
D2140	AMALGAM - 1 SURFACE, PRIMARY OR PERMANENT\$28.00	D5110	COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2150	AMALGAM - 2 SURFACES, PRIMARY OR PERMANENT\$36.00	D5120	COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2160	AMALGAM - 3 SURFACES, PRIMARY OR PERMANENT\$46.00	D5130	IMMEDIATE UPPER.....\$420.00
D2161	AMALGAM - 4 OR MORE SURFACES, PRIMARY OR PERMANENT\$56.00	D5140	IMMEDIATE LOWER.....\$420.00
D2330	COMPOSITE RESIN - 1 SURFACE, ANTERIOR\$38.00	D5211	UPPER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2331	COMPOSITE RESIN - 2 SURFACES, ANTERIOR.....\$46.00	D5212	LOWER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2332	COMPOSITE RESIN - 3 SURFACES, ANTERIOR.....\$56.00	D5213	UPPER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2335	COMPOSITE RESIN - 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR\$66.00	D5214	LOWER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2391	COMPOSITE RESIN - 1 SURFACE, POSTERIOR.....\$50.00	D5410	ADJUST COMPLETE DENTURE\$15.00
D2392	COMPOSITE RESIN - 2 SURFACES, POSTERIOR.....\$65.00	D5510	REPAIR BROKEN COMPLETE DENTURE BASE\$40.00
D2393	COMPOSITE RESIN - 3 SURFACES, POSTERIOR.....\$85.00	D5610	REPAIR RESIN DENTURE BASE\$35.00
D2394	COMPOSITE RESIN - 4 OR MORE SURFACES, POSTERIOR.....\$95.00	D5630	REPAIR OR REPLACE BROKEN CLASP.....\$45.00
D2750	CROWN - PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL)\$350.00	D5640	REPLACE BROKEN TEETH – (PER TOOTH)\$30.00
D2751	CROWN - PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL)\$320.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE\$45.00
D2920	CEMENT CROWN\$20.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE\$65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN\$48.00	D5730	RELINE COMPLETE UPPER (CHAIRSIDE)\$75.00
D2940	SEDATIVE FILLING\$16.00	D5731	RELINE COMPLETE LOWER (CHAIRSIDE).....\$75.00
D2950	CORE BUILDUP, (INCLUDING ANY PINS)\$55.00	D5740	RELINE UPPER PARTIAL (CHAIRSIDE)\$75.00
D2951	PIN RETENTION – (PER TOOTH)\$20.00	D5741	RELINE LOWER PARTIAL (CHAIRSIDE).....\$75.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN\$75.00	D5810	TEMPORARY COMPLETE UPPER DENTURE.....\$200.00
D2953	EACH ADDITIONAL CAST POST (SAME TOOTH)\$40.00	D5811	TEMPORARY COMPLETE LOWER DENTURE\$200.00
D2954	PREFAB POST / CORE IN ADDITION TO CROWN\$60.00	D5820	TEMPORARY PARTIAL - STAY PLATE UPPER.....\$180.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)\$40.00	D5821	TEMPORARY PARTIAL - STAY PLATE LOWER.....\$180.00

Schedule of Programs Fees (Continued)



PROSTHODONTICS – FIXED BRIDGES	SPECIALTY CARE SERVICES
D6241 PONTIC-PORCELAIN FUSED TO BASE METAL\$320.00 D6751 CROWN-PORCELAIN FUSED TO BASE METAL\$320.00 D6791 CROWN-FULL CAST FUSED TO BASE METAL\$270.00 D6930 RECEMENT BRIDGE\$20.00 D6940 STRESS BREAKER\$90.00 D6950 PRECISION ATTACHMENT (EACH).....\$225.00	All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist's usual and customary fee for the treatment.
A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.	OTHER PROCEDURES AND PAYMENT FOR SERVICES
ORAL SURGERY	Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the affiliated dentist, however, an
D7110 SINGLE TOOTH EXTRACTION\$36.00 D7120 EACH ADDITIONAL TOOTH\$34.00 D7130 ROOT REMOVAL – EXPOSED ROOTS\$48.00 D7210 SURGICAL EXTRACTION-ERUPTED\$68.00 D7220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE\$78.00 D7230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY\$109.00 D7240 REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY\$129.00 D7241 REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS\$189.00 D7250 ROOT RECOVERY\$72.00 D7280 SURGICAL EXPOSURE PER TOOTH.....\$66.00 D7310 ALVEOLOPLASTY (PER QUADRANT WITH EXTRACTIONS)\$78.00 D7320 ALVEOLOPLASTY (PER QUADRANT WITHOUT EXTRACTIONS)\$84.00 D7960 FRENECTOMY\$99.00	ASEPSIS FEE
A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to	An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.
ORTHODONTICS (QCD GENERAL DENTIST ONLY)	QCD OF AMERICA® - EXCLUSIONS AND LIMITATIONS
D8999 DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS\$120.00 D8080 CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,200.00 D8090 ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,400.00 D8680 ORTHODONTIC RETENTION.....\$230.00	1) THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY: A) SERVICES COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS; B) COST OF ANY DENTAL CARE COVERED BY ANY MEDICAL INSURANCE; C) SERVICES WHICH, IN THE OPIONION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT'S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT; D) GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZAITON, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE. 2) QCD OF AMERICA® MEMBER FEES APPLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE. 3) QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID. 4) QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS. 5) ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILAITED DENTIST. 6) ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.
A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.	
GENERAL SERVICES	
D9999 FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE)\$30.00 D9999 PALLATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES.....\$20.00 D9999 OFFICE VISIT-AFTER HOURS\$45.00	
IMPORTANT NOTICE	
THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NO CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR IMDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.	

The RED PLUS Program

A limited reimbursement plan



The program features all of the benefits of the QCD RED managed cost dental & vision benefit program

No deductibles or maximums of coverage

Member pays at time of service according to the QCD schedule of program fees – approximately 50% savings at time of service

Coverage for all pre-existing conditions and orthodontic coverage for adults and children

The RED PLUS program includes reimbursement for limited preventive and diagnostic procedures

Send your bill to QCD for your limited reimbursement to be paid within 6-10 business days

The Following Procedures are reimbursed to the “RED PLUS” Program Member:

Twice Per Calendar Year

Code	Procedures	Scheduled Benefit
D0120	Periodical Oral Evaluation	\$9
D0140	Problem Focused Exam	\$12
D0150	Comprehensive Oral Exam	\$18
D1110	Prophylaxis - Adult	\$36
D1120	Prophylaxis - Child	\$29
D1203	Fluoride - topical - child	\$10
D1204	Fluoride - topical - adult	\$10
D0999	Asepsis infection control	\$8

Once Per Calendar Year

Code	Procedure	Scheduled Benefit
D0272	Bitewings - Two Films	\$21
D0274	Bitewings - Four Films	\$29
D0210	Intraoral - Complete Series	\$28

Once Every Three Years

Code	Procedure	Scheduled Benefit
D0330	Panoramic Film	\$53.00

Fax, mail or email

Complete Itemized Bill to:

QCD of America, INC.

1664 Keller Parkway

Keller, Texas 76248

Fax: 972-726-8559

Email: dorish@qcdofamerica.com

Customer Service

800-229-0304

Dental Networks

Available at www.QCDofAmerica.com

Vision Networks

Available at www.davisvision.com

DC Administrators Online

Log In Online to View Claim EOB's

1. Log in to the online portal under "Group Member Access" & enter your Group ID: BLACW
2. Under Plan Participants, select the Claims tab
3. Select a Patient from the drop down menu
4. Click on any claim number to view the Explanation of Benefits (EOB)
5. EOB's remain accessible through the secure website, but you may also print a copy for your records

**CALL 1-844-257-0684
WITH QUESTIONS**

You now have access to your dental plan information. As a new member with DC Administrators, we want to help you understand the tools you have to help you get the most from your dental plan.

To increase your access to timely information, **DC Administrators provides online access to your dental plan. The information provided includes Viewing & Submission of Claims, Explanation of Benefits, Printing ID cards, Accumulators list and more.**

Below are simple instructions for accessing your dental plan information online.

- Go to www.QCDofAmerica.com
- On the home page click on **Group Member Access & enter your Group ID- BLACW**
- **Login using the following data under Plan Participants:**
 - **Username: Member ID (on your card) or SSN**
 - **Password: Date of Birth (mmddyyyy)**

If you do not have internet access, please contact our customer service team at 1-844-257-0684.

**We look forward to
serving you!**



qcd | WELLNESS PROGRAM

QCD of America Discount Prescription Card

www.QCDofAmerica.com

Save up to 80% on your prescriptions and your pet's prescriptions. Simply present this card at a network pharmacy.



No Fees
No Expiration Date

Pre-Activated Card
Use it over and over!

- ✓ Up to 80% on generic medications.
- ✓ Up to 20% on name brand prescriptions.
- ✓ Up to 80% on your PET medications.
- ✓ Unlike many other programs and discounts, QCD Wellness Rx Card is FREE to people of ALL AGES.

This is **NOT** an insurance program or membership club. Your **FREE Discount Drug Card** simply entitles you to a discount off the purchase price of prescription drugs. QCD Discount RX Card is administered by RxCareCard.

To print your card, visit www.QCDofAmerica.com and click on Wellness Program!

Clear Vision Discount Program

Davis Vision is pleased to provide you with a no-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. For more details, see the Accessing Provider Information section on the reverse side.

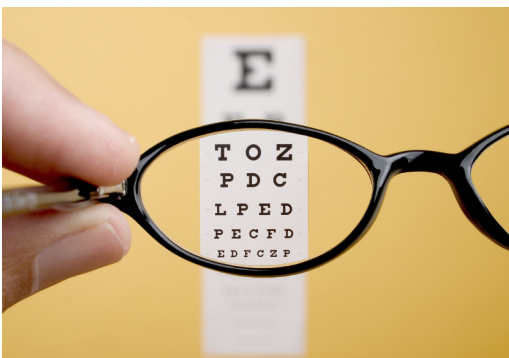
The Discount Program entitles you to the following discounts off usual and customary fees:

Comprehensive Eye Exam		
Complete Eye Examination	15% Discount off Usual & Customary	
Contact Lens Examination	15% Discount off Usual & Customary	
Frame¹	Patient Price	Average Discount
Priced up to \$70 Retail	\$40	40%
Priced over \$70 Retail	\$40 plus 10% off the amount over \$70	28%
Spectacle Lenses (Uncoated Plastic)		
Single	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%
Lens Options (Add to Lens Prices Above)²		
Standard Progressive	\$75	50%
Premium Progressive	\$125	35%-60%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photochromic Lenses	\$35	20%-45%
Plastic Photosensitive Lenses	\$65	35%-55%
High Index Lenses	\$55	40%
Polarized Lenses	\$75	20%
Contact Lenses (in lieu of eyeglasses)		
Conventional	20% off Provider's Usual & Customary	20%
Disposable/Planned Replacement	10% off Provider's Usual & Customary	10%
Value-Added Features		
Lens 1-2-3! [®] Membership	Free Membership	Up to 50%
Laser Vision Correction Discount	Up to 25% off Provider's U & C ³	Up to 25%

1/ At Wal-Mart locations, members will receive Wal-Mart's everyday low price on frame and contact lens purchases.

2/ Special lens designs, materials, powers, and frames may require additional cost.

3/ Or receive an additional 5% discount on any advertised specials-whichever is lower.



Clear Vision Discount Program Highlights

Vision Plan: Clear Vision Discount Plan **Control Code:** 2959 **Co-payment:** N/A, discount plan is 100% member paid at the time of service

Eye Examination – Members will receive a 15% discount on their comprehensive eye examination including dilation (when professionally indicated).

Eyewear (Frames and Spectacle Lenses or Contact Lenses) – Members will be entitled to substantial and verifiable savings on all of their eyewear needs. Discounts are uniform nationally and represent pricing well below Average Retail Prices. These discounts are based on published industry standard costs, not markdowns from artificially inflated prices.

Significant Savings – Client surveys indicate that programs providing discounts off retail prices of eyeglasses are subject to abuse due to the high associated markups of over 300% throughout the optical industry. Consequently, these programs do not result in a true “value-add” for the beneficiary. The proposed fixed-fee discounted pricing schedule provides both verifiable savings and benefit uniformity for all members from coast to coast.

Additional Value-Added Features – The Clear Vision Discount Program also offers significant discounts on replacement contact lenses and laser vision correction at no additional cost.

- Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry’s major manufacturers.
- Davis Vision’s Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center’s advertised special through a network of preeminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

Accessing a Provider – Contact a Davis Vision representative at 1-888-897-9347 or simply log on to www.davisvision.com, choose “Find a Provider” and use your control code 2959

Customer Service -To speak with a customer service representative, call Davis Vision Customer Service at 1877-923-2847. Enter Client Control Number 2959 when prompted. At the main menu, press “0”. Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
ONE MOODY PLAZA, GALVESTON, TEXAS

DENTAL ENROLLMENT FORM

PLEASE PRINT IN SPACE PROVIDED

RED PLUS

EMPLOYER INFORMATION					
EMPLOYER NAME			LOCATION		GROUP NO.
[EMPLOYEE][APPLICANT]					
LAST NAME		FIRST NAME			M.I.
STREET ADDRESS		CITY		STATE	ZIP
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER ()			BIRTH DATE / /
SEX MALE FEMALE <input type="checkbox"/> <input type="checkbox"/>	EMPLOYMENT DATE MM DD YY / /	MARITAL STATUS SINGLE MARRIED <input type="checkbox"/> <input type="checkbox"/>	OCCUPATION/TITLE	EMPLOYMENT STATUS ACTIVE INACTIVE <input type="checkbox"/> <input type="checkbox"/>	
COVERAGE – Check Those That Apply					
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILDREN REQUESTED EFFECTIVE DATE: _____					
DEPENDENT INFORMATION					
SPOUSE NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /		
CHILD NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /		STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /		STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /		STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /		STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOU OR ANY DEPENDENT HAVE OTHER DENTAL INSURANCE COVERAGE? IF YES, PLEASE LIST THE NAME OF THE OTHER INSURANCE COMPANY AND PHONE NUMBER: _____					
REFUSAL/WAIVER – Complete Only If You Are Declining Coverage For Yourself Or Any Dependent					
I DECLINE COVERAGE FOR: <input type="checkbox"/> MYSELF <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> MY CHILDREN REASON FOR REFUSAL: _____					
ACKNOWLEDGMENT AND AUTHORIZATION					
I hereby request coverage as outlined above under the American National Life Insurance Company of Texas group dental plan offered by my employer. I authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependent and wish to enroll at a later date, coverage will be deferred in accordance with the plan provisions. I understand and acknowledge that information concerning coverage, treatments, and services I may receive may be distributed and disclosed to my employer. I hereby consent to the dissemination and disclosure of all information. I declare all answers true and complete.					
WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.					
DATE		CITY AND STATE			
SIGNATURE OF [EMPLOYEE][APPLICANT]					