Union Security Life Insurance Company of New York Application Form

Please retain a copy of this application for your records

AGENT NUMBER

4D05767

Your Social Security Number	Last Name	First Name	Middle I.	Sex M ☐ F ☐

Your Date of Birth	Address		
Home Phone	City	State	Zip Code+4

IMPORTANT

Write the Dental Facility Number of the dentist(s) you choose from the directory in the space(s) below.

List Dependents to be Enrolled First Name / Middle I. / Last Name (if different)	Relationship	Date of Birth	Sex	Dental Facility Number
Spouse			M ☐ F ☐	
Child			M ☐ F ☐	
Child Attach a separate sheet of paper for additional children.			M ☐ F ☐	

Prepayment Fee Amount
$_____
+Enrollment Fee
$ 35.00
Total Enclosed $_____

Select Payment Choice

☐ **Annual Payment -** make the check payable to Union Security Life Insurance Company of New York.

☐ **Charge my annual prepayment fees**

☐ **Automatic Monthly Bank Draft -** complete the Authorization Agreement on the reverse side of this form.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Exp. Date Mo._____ Yr._____

By my signature below, I understand that this Individual Prepaid Dental Plan is a non-refundable one (1) year program. I also understand that a full description of the plan will be provided in the Individual Dental Service Agreement and that the dentist I select may or may not perform all of the procedures listed on the Copayment Schedule. I authorize the dentist who has rendered procedures to me or members of my family to make available to Union Security Life Insurance Company of New York my dental records, photocopies or information regarding such procedures to the extent permitted by law. **Imporant Warning:** 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 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. This authorization is not governed by HIPAA; however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Life Insurance Company of New York and its affiliated dental companies to use and disclose protected health information.

Agent's Signature _____ **Date**_____ **Subscriber's Signature**_____ **Date**_____

13.93 22.70 35.08
152.10 257.40 405.99
BDC-IAPP-NY

This is an important document that will become part of your contract. Benefits administered by Union Security Life Insurance Company of New York.

Mailing Information

Click here to go to the Authorization Agreement For Automatic Monthly Bank Draft.

Authorization Agreement For Automatic Monthly Bank Draft

Name(s)	Social Security Number										Checking ☐ Savings ☐

I (we) hereby authorize Union Security Life Insurance Company of New York to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.

Bank Name	City	State

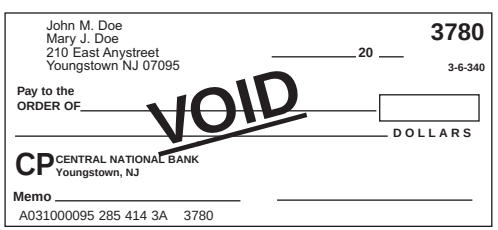
Include your Checking or Savings Account Number in the boxes below:

Account Number																

IMPORTANT

If you selected the Monthly Bank Draft Payment method, enclose a voided check, your first month's prepayment fee and $35 enrollment fee with this form and send them to us.

Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.



This authorization is to remain in full force and effective until Union Security Life Insurance Company of New York has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature_____ **Date**_____