

# Prepaid Dental Heritage Secure Plan

## Good news about dental benefits for employees of State of Oklahoma

### A Dental Plan Means Healthy Smiles

Because you are a valued employee, Assurant Employee Benefits\* is pleased to offer you the opportunity to enroll in a dental benefit plan provided and administered by Union Security Insurance Company. This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. For your information, a partial list of frequently used dental treatments is included.

### Plan Features

- No Deductibles
- No Waiting Periods
- Coverage for Pre-existing Conditions
- No Claim Forms to File for Plan Dentist and Plan Specialist Services
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan Specialist Services

### Important Enrollment Information

To enroll, just follow three simple steps:

1. Select a general dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan Dentist. You must select a Plan Dentist to receive services from that Plan Dentist for the listed copayments. Plan benefits are available for specialist services as described in the enclosed schedules. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement.
2. Complete the enclosed enrollment form, being sure to include the Dental Facility Number of each Plan Dentist selected.
3. Return your completed enrollment form to your Personnel Department or Benefits Manager authorizing payroll deductions for your coverage.

### Finding a Provider

You can find a dental provider in the Heritage Series Provider Network by visiting the Assurant Employee Benefits web site at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com), clicking on the "Provider Search" link, and then selecting Heritage Series. Availability of Plan Dentists and Plan Specialists varies depending on location.

**THIS IS A DENTAL ONLY PLAN.**

**If you have any questions, call Customer Service at 800.443.2995.**

**\*Benefits are provided and administered by Union Security Insurance Company, and marketed by Assurant Employee Benefits.**

# Savings You Can See

## Monthly Payroll Deduction<sup>†</sup>

Employee .....	\$7.20
Employee + Spouse .....	\$13.18
Employee + Child(ren).....	\$17.58
Employee + Family.....	\$23.56

<sup>†</sup>May be changed according to the terms of the Group Prepaid Dental Service Agreement.

The following is a list of commonly used dental treatments. It is not the Evidence of Coverage. After you enroll, a complete list of copayments will be provided to you along with your Evidence of Coverage.

## Secure Plan

### 1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees\*) at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Evidence of Coverage.

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

*Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief. If the member has not selected a Plan Dentist, or has selected a Non-Plan Dentist, the Company's liability for services rendered in any one calendar month will be limited to the amount of any capitation which would have been paid to a Plan Dentist.*

### 2. Plan Specialist Services

Should the Member require dental services that his or her selected Plan Dentist is unable to provide, he or she may obtain those services from a Plan Specialist at a reduced rate. No referral is needed from the selected Plan Dentist in order for the Member to obtain services from a Plan Specialist.

There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions in that Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. The Member is responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

*Payment for each service of a Non-Plan Specialist (at that specialist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief. The Company does not pay capitation to Plan Specialists.*

ADA Code**	Service Description**	Member Copayment
<b>Appointments</b>		
None	Office visit - during regularly scheduled hours*** .....	No Charge
D0120	Periodic oral evaluation - established patient .....	No Charge
	(once in any 6 calendar months)	
D0140	Limited oral evaluation - problem focused .....	20.00
D0150	Comprehensive oral evaluation - new or established patient .....	No Charge
	(once in any 6 calendar months)	

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ADA Code**	Service Description**	Member Copayment
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	20.00
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Charge
None	Missed appointment without 24 hour notice***.....	25.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	70.00
D9440	Office visit - after regularly scheduled hours.....	40.00
<b>Diagnostic Dentistry</b>		
D0210	Intraoral - complete series (including bitewings)..... (once in any 3 calendar years)	5.00
D0220	Intraoral - periapical first film.....	No Charge
D0230	Intraoral - periapical each additional film.....	No Charge
D0240	Intraoral - occlusal film.....	No Charge
D0250	Extraoral - first film.....	No Charge
D0260	Extraoral - each additional film.....	No Charge
D0270	Bitewing - single film.....	No Charge
D0272	Bitewings - two films..... (once in any 6 calendar months)	No Charge
D0274	Bitewings - four films..... (once in any 6 calendar months)	No Charge
D0277	Vertical bitewings - 7 to 8 films.....	No Charge
D0330	Panoramic film..... (once in any 3 calendar years)	10.00
D0415	Collection of microorganisms for culture and sensitivity.....	No Charge
D0425	Caries susceptibility tests.....	No Charge
D0460	Pulp vitality tests.....	No Charge
<b>Preventive Dentistry</b>		
D1110	Prophylaxis - adult..... (once in any 6 calendar months)	No Charge
D1120	Prophylaxis - child..... (once in any 6 calendar months)	No Charge
D1203	Topical application of fluoride - child.....	No Charge
D1310	Nutritional counseling for control of dental disease.....	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant - per tooth.....	22.00
D1510	Space maintainer - fixed - unilateral*.....	85.00
D1515	Space maintainer - fixed - bilateral*.....	90.00
D1520	Space maintainer - removable - unilateral*.....	105.00
D1525	Space maintainer - removable - bilateral*.....	140.00
D1550	Re-cementation of space maintainer.....	20.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***.....	35.00
<b>Restorative Dentistry</b>		
D2140	Amalgam - one surface, primary or permanent.....	32.00
D2150	Amalgam - two surfaces, primary or permanent.....	38.00
D2160	Amalgam - three surfaces, primary or permanent.....	50.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	65.00
D2330	Resin-based composite - one surface, anterior.....	50.00
D2331	Resin-based composite - two surfaces, anterior.....	65.00
D2332	Resin-based composite - three surfaces, anterior.....	80.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	90.00
D2391	Resin-based composite - one surface, posterior.....	85.00
D2392	Resin-based composite - two surfaces, posterior.....	100.00
D2393	Resin-based composite - three surfaces, posterior.....	105.00
D2394	Resin-based composite - four or more surfaces, posterior.....	130.00
D2510	Inlay - metallic - one surface*.....	205.00
D2520	Inlay - metallic - two surfaces*.....	240.00
D2530	Inlay - metallic - three or more surfaces*.....	255.00
D2542	Onlay - metallic - two surfaces*.....	255.00
D2543	Onlay - metallic - three surfaces*.....	275.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D2544	Onlay - metallic - four or more surfaces*	295.00
D2610	Inlay - porcelain/ceramic one surface*	235.00
D2620	Inlay - porcelain/ceramic two surfaces*	245.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	275.00
D2740	Crown - porcelain/ceramic substrate*	325.00
D2750	Crown - porcelain fused to high noble metal*	325.00
D2751	Crown - porcelain fused to predominantly base metal*	325.00
D2752	Crown - porcelain fused to noble metal*	325.00
D2790	Crown - full cast high noble metal*	325.00
D2791	Crown - full cast predominantly base metal*	325.00
D2792	Crown - full cast noble metal*	325.00
D2910	Recement inlay, onlay, or partial coverage restoration	35.00
D2920	Recement crown	35.00
D2930	Prefabricated stainless steel crown - primary tooth	95.00
D2940	Sedative filling	40.00
D2950	Core buildup, including any pins	95.00
D2951	Pin retention - per tooth, in addition to restoration	25.00
D2952	Post and core in addition to crown, indirectly fabricated*	135.00
D2954	Prefabricated post and core in addition to crown	95.00
D2962	Labial veneer (porcelain laminate) - laboratory*	335.00
D2980	Crown repair, by report*	30.00
None	Temporary filling***	25.00
<b>Endodontics</b>		
D3110	Pulp cap - direct (excluding final restoration)	20.00
D3120	Pulp cap - indirect (excluding final restoration)	20.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	175.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	230.00
D3330	Endodontic therapy, molar (excluding final restoration)	295.00
D3346	Retreatment of previous root canal therapy- anterior	335.00
D3347	Retreatment of previous root canal therapy- bicuspid	395.00
D3348	Retreatment of previous root canal therapy- molar	480.00
D3410	Apicoectomy/periradicular surgery - anterior	165.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	200.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	300.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	125.00
D3920	Hemisection (including any root removal), not including root canal therapy	145.00
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	165.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	75.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	170.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	130.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	425.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	246.00
D4320	Provisional splinting - intracoronal	165.00
D4321	Provisional splinting - extracoronal	145.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	54.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
<b>Prosthodontics, removable</b>		
D5110	Complete denture - maxillary*	395.00
D5120	Complete denture - mandibular*	395.00
D5130	Immediate denture - maxillary*	450.00

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ADA Code**	Service Description**	Member Copayment
D5140	Immediate denture - mandibular*	450.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	390.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	395.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5410	Adjust complete denture - maxillary	32.00
D5411	Adjust complete denture - mandibular	32.00
D5421	Adjust partial denture - maxillary	32.00
D5422	Adjust partial denture - mandibular	32.00
D5510	Repair broken complete denture base*	50.00
D5610	Repair resin denture base*	55.00
D5620	Repair cast framework*	55.00
D5630	Repair or replace broken clasp*	55.00
D5640	Replace broken teeth - per tooth*	55.00
D5650	Add tooth to existing partial denture*	55.00
D5730	Reline complete maxillary denture (chairside)	90.00
D5731	Reline complete mandibular denture (chairside)	90.00
D5740	Reline maxillary partial denture (chairside)	90.00
D5741	Reline mandibular partial denture (chairside)	90.00
D5750	Reline complete maxillary denture (laboratory)*	105.00
D5751	Reline complete mandibular denture (laboratory)*	105.00
D5760	Reline maxillary partial denture (laboratory)*	105.00
D5761	Reline mandibular partial denture (laboratory)*	105.00
D5850	Tissue conditioning, maxillary	55.00
D5851	Tissue conditioning, mandibular	55.00
D5862	Precision attachment, by report*	160.00
<b>Prosthodontics, fixed</b>		
D6210	Pontic - cast high noble metal*	325.00
D6211	Pontic - cast predominantly base metal*	325.00
D6212	Pontic - cast noble metal*	325.00
D6240	Pontic - porcelain fused to high noble metal*	325.00
D6241	Pontic - porcelain fused to predominantly base metal*	325.00
D6242	Pontic - porcelain fused to noble metal*	325.00
D6251	Pontic - resin with predominantly base metal*	325.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	165.00
D6721	Crown - resin with predominantly base metal*	325.00
D6750	Crown - porcelain fused to high noble metal*	325.00
D6751	Crown - porcelain fused to predominantly base metal*	325.00
D6752	Crown - porcelain fused to noble metal*	325.00
D6780	Crown - 3/4 cast high noble metal*	325.00
D6790	Crown - full cast high noble metal*	325.00
D6791	Crown - full cast predominantly base metal*	325.00
D6792	Crown - full cast noble metal*	325.00
D6930	Recement fixed partial denture	55.00
D6940	Stress breaker	150.00
D6950	Precision attachment	230.00
D6980	Fixed partial denture repair, by report*	55.00
None	Resin bonded bridge pontic, per unit***(*)	250.00
<b>Oral Surgery</b>		
D7111	Extraction, coronal remnants - deciduous tooth	35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	70.00
D7220	Removal of impacted tooth - soft tissue	85.00
D7230	Removal of impacted tooth - partially bony	100.00
D7240	Removal of impacted tooth - completely bony	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	170.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	65.00

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ADA Code**	Service Description**	Member Copayment
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	145.00
D7280	Surgical access of an unerupted tooth .....	115.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	100.00
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant.....	260.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	100.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	150.00
<b>Other Services</b>		
D9220	Deep sedation/general anesthesia - first 30 minutes .....	180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	20.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes .....	180.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes.....	40.00
D9940	Occlusal guard, by report* .....	90.00
D9951	Occlusal adjustment - limited .....	40.00
D9952	Occlusal adjustment - complete .....	185.00
<b>Bleaching</b>		
D9972	External bleaching - per arch.....	175.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Prepaid Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Availability of Plan Dentists is subject to change.

\*\* *Current Dental Terminology* © American Dental Association.

\*\*\* Service does not have an American Dental Association Current Dental Terminology code or descriptor.

# Learn more about the prepaid dental plan being offered to you!

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**Your employer is offering you an attractive prepaid dental plan. This Q&A will help provide you more information about the plan being offered to you.**

## **What is a prepaid plan?**

With a prepaid plan you pay a monthly prepayment fee plus you pay reduced fees called “copayments” for dental services provided. To receive the reduced fees you must use a Plan Dentist selected at the time of enrollment.

## **What are copayments and where can I locate the copayment schedule?**

A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services that are being performed.

The copayment schedule is a listing of covered services and copayments for your plan. The schedule is included in the Evidence of Coverage. It is helpful to bring your copayment schedule to your dental appointment.

## **How do I select a Plan Dentist?**

You should select your Plan Dentist when you enroll. You can visit [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) and go to Provider Search or refer to your plan network directory for a listing of Plan Dentists. On the web site please choose the Heritage Series network listed on the Provider Search page for provider look-up. Note that your Plan Dentist must be a general dentist, not a specialist.

## **How long does it take to appear on the patient list/roster of my Plan Dentist that I select at time of enrollment?**

If Assurant Employee Benefits receives your Plan Dentist selection by the 10th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 10th, you will appear on the roster the 1st day of the second following month. If you are not listed on the roster, please contact us at 800.443.2995.

## **How will the Plan Dentist know I am a patient?**

The Plan Dentist receives a patient listing, called a roster, from Assurant Employee Benefits each month that includes all members who have chosen that individual as their dentist.

Please confirm at the time of making your appointment with the Plan Dentist that you are on the provider's roster.

## **Can I change my Plan Dentist?**

Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

## **If I have a dental emergency, do I need to see my Plan Dentist?**

First, contact your Plan Dentist to make an appointment. If your Plan Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States.

Please be informed that the emergency benefit in your plan is limited to the temporary relief of pain and has limited benefits.

## **If I need to see a specialist, how do I go about finding a Plan Specialist in my area?**

You may find a list of Plan Specialists by looking in the plan network directory, visiting the web site at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) or calling 800.443.2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialist.

## **What if I lose my Dental ID card or have a question about my plan?**

Contact Customer Service by calling 800.443.2995.

### **Pre-existing Conditions**

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

### **Limitations and Exclusions**

Plan Benefits are not available for:

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any part of any dental service for which a charge is incurred before the effective date of the member's enrollment.
3. Any dental service initiated (a) before the effective date of the Member's enrollment or (b) after the Member's enrollment ends.
4. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
13. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

### **Orthodontic Extractions**

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

### **Termination**

The Member's enrollment may be terminated as stated in the **TERMINATION** article of the Evidence of Coverage.

**Union Security Insurance Company  
GROUP ENROLLMENT FORM**  
PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Group Name <b>State of Oklahoma</b>	Group Number CY99	Effective Date / /
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**I apply for the following coverage for myself and dependents, as listed.**  
Prepaid Plan  
 **Secure**

Employee First Name	MI	Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	Facility ID #
Employee Street Address	City	State	Zip	Employee Social Security Number	
Home Phone ( )	Work Phone ( )	Division/Department/Class			Date of Hire / /

**Dependents to be included for coverage:**

First Name	MI	Last Name (if different)	Relationship	Sex	Date of Birth	Facility ID#
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
Child(ren)				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	

**Check any boxes that apply and follow instructions.**

Are you covering more than three children? **Please continue listing on additional Enrollment Forms.**

Is the address of any child different than the member's? **Show that child's name & address on the back of this form.**

Are you requesting coverage for a dependent child other than a son or daughter? **Forward legal custody paper.**

Are you requesting coverage for a dependent child over age 19 that is NOT a full time student? **Furnish proof of incapacity within 31 days of the Effective Date.**

**I elect not to have coverage for myself or my dependents and I hereby waive coverage under the above mentioned plans.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 coverage. Please read the following and sign below.

**The Prepaid Plan is provided and administered by Union Security Insurance Company.**

I hereby apply for membership in this dental Plan for myself and for any eligible dependents listed above. I authorize the Group named above to make deductions, if any, required as my contribution. I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the Plan and the terms and conditions of the Group Prepaid Dental Service Agreement. I authorize any licensed dentist, physician, hospital or other health care provider to furnish Union Security Insurance Company and its affiliated dental companies with any required dental or medical information, as permitted by law about myself and any eligible dependents listed. I represent the information provided is true and correct to the best of my knowledge. I further understand that my coverage and benefits may be affected by failure to provide complete and accurate information. I will promptly advise the Plan and my Group of any changes in this information. The authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing by Union Security Insurance Company and their affiliated dental companies to use and disclose protected health information. I understand that the HIPAA authorization form will specify the length of time (not to exceed 24 months) for which the HIPAA authorization is valid. I understand that I may revoke the HIPAA authorization at any time by following the procedures specified on the HIPAA authorization form. **WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_