AMERILIFE Taylor & Sons BENEFITS Insurance Services

June 1, 2023

Retiree

Vernon Parish School Board

Re: Dental Carrier Change, Effective 7/1/2023

Dear Retiree:

Thank you for your continued business with AmeriLife Benefits/Taylor & Sons Insurance Services. The purpose of this letter is to inform Vernon Parish School Board retirees of the dental carrier change, effective 7/1/2023.

Your current coverage with Bright Benefits Dental will terminate 6/30/2023.

Retirees may continue Dental coverage by completing an Ameritas Enrollment form and Bank Draft Authorization. These forms are enclosed.

The AmeriLife Benefits Customer Support Team is available to assist with any questions and/or concerns you may have regarding this change.

Completed forms along with a voided check may be mailed, emailed, or faxed to:

Mail: AmeriLife Benefits/Taylor & Sons Insurance Services

1201 Derek Drive, Suite A

Hammond, LA 70403

Email: CustomerSupport@AmerilifeBenefits.com

Fax: 1-844-665-7638

Should you have any questions regarding the enclosed, or if our office can be of any further assistance to you, please do not hesitate to contact us.

AmeriLife Benefits / Taylor & Sons Insurance Services

AmeriLife Benefits/Taylor & Sons Insurance Services

Phone: 833-909-1575

Email: CustomerSupport@AmerilifeBenefits.com

Sincerely,



enrollment/change/waiver Group Insurance Form





A					A: If individual ntinuee:	Qualifyir	ıg Even	t		Date of Event	
To termination Marital Status ☐ Single ☐ Married ☐ Civil Union ² Social Security number	* □ D	ome	stic	Partı	ner* *As defined						
Social Security number Employee's last name, first name, MI											
Date of birth								Rehire:	Rehire da	 te	
Occupation											
Street address											
E-mail address (limit of 60 characters)											
Are you covered under another dental insurance plan Are you covered under another eye care insurance p	1?					.Employ	ee:	Yes No	Depe Depe	ndents: Ye	es No
Dependent Coverage Information List all eligible					added or delete	d. (Emplo	yee m	ust be enrolled	d to cover d	ependents)	
Print full legal name (last, first. MI)	Denta add di				Relation	shin	Sex	Date of birt	th Soc	ial Security no.	College student?
		i op		П	Holation	Jiii p	JOOX	Duto or bird	000	iai occurry no.	
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3		T									
4		T)									
5											
up for coverage until the next enrollment period except have read and understand. I represent that the infocertifies the date of employment, job title, hours work	rmation ked and	n I h d sal	nave ary i	pro\ nfor	vided is comple mation are cor	ete and a rect acco	ccura [·] rding	te to the best to the Policyh	of my kno older's reco	wledge. The po ords.	ais wnicn licyholder
X Employee Signature (do not print)	Date	<u> </u>			X Policyholde	er Signatur	e (do r	not print)		Date	
In several states, we are required to advise you of the fing information in an application for insurance, or who and may be subject to fines and criminal penalties, inclapplicant is materially related to a claim. (State-specifi	ollowing knowi luding i	g: Ar ngly mpri	ny pe pres sonr	ersor sents nent	who knowingly a false or frai . In addition, in	y and with udulent cla	inten aim fo	t to defraud pr or payment of	ovides false a loss or be	e, incomplete, or enefit, is guilty o	of a crime
Employee late entrant date						Class Dep. Code					
Dependent late entrant date											
2 to change ☐ Name Change New Name						Old	Nam	e			
☐ Add Dependent Coverage ☐ If due to marriage, what is the date of marriage						•					
\square If due to loss of coverage, date and reason: _											
If other, the date of event and please explain											
Drop Dependent Coverage Number of de											
☐ Due to divorce ☐ Due to death ☐ Due☐ ☐ Other (please explain)											
to waive IF YOU DO NOT WANT COVERAGE, C EMPLOYER. I have been given an opportunity to apply fo myself (does not apply to TRUST policies)											
because				-				-	-	-	·
Name of insurance company and employer of depend Should I desire to apply for this group insurance in th											

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EFT Form

Electronic Funds Transfer Authorization



Ameritas Life Insurance Corp. P.O. Box 82669 / Lincoln, NE 68501 / 800-659-2223 / Fax: 402-467-7338

Request and Authorization for Bank Payment Plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

Online: Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, ameritas.com, sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

Mail: Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

Authorized Agreement for Prearranged Payme	ents (Debits)						
Group Policy #010-351902	Phone #						
Policyholder Name Vernon Parish School Board							
Policyholder Contact <u>Retiree Name:</u>							
New Authorization ☐ Change of Account☐ Checking Account☐ Savings Account☐							
I hereby authorize Ameritas to initiate debit entries to the ac the same to such account. The EFT draft will be monthly or coverage period.							
Bank Account Number	Bank Routing Nur	Bank Routing Number (9 digits)					
Bank Name							
Account Name							
Address							
City							
Phone Number of Financial Institution							
To ensure a timely and effective setup, it is not suthorization is to remain in full force and in effect untile as to afford BANK a reasonable opportunity to act on it. A consideration his/her account by BANK up to 15 days following issuance of	I BANK has received written notific ustomer has the right to have the	cation of its termination in such time and such manner amount of an erroneous debit immediately credited to					
	RETIREE	RETIREE					
Name (print)	Title of Authorized	Signer					
X		N/A					
Signature	Date	Federal Tax ID#					

Please keep a copy of this form for your records.

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