Enrollment/Change Form

DENTAL & VISION INSURANCE

AlwaysCare℠

Underwritten by Starmount Life Insurance Company
Administered by: AlwaysCare Benefits, Inc.
(a Starmount Life Insurance company)
7800 Office Park Boulevard, Baton Rouge, LA 70809
1-888-729-5433, Ext 2013 (in Baton Rouge, call 926-2888)
Please print and complete all sections.

EMPLOYER/EMPLOYEE INFORMATION

Employer Name	Group Number	Location	Effective Date	Date of Hire
East Baton Rouge Parish Schools	**EBRPS**			

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth	Social Security Number

Home Street Address	City/State/Zip	Home Phone	Work Phone
		( )	( )

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name or coverage)

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name	First Name	M.I.	Date of Birth
		(spouse)			
		(dependent)			
		(dependent)			
		(dependent)			
		(dependent)			
		(dependent)			

NOTE: Coverage for a Late Entrant or Re-enrollee will be limited to those procedures listed under **Coverage A** in the Schedule of Covered Procedures during the first 24 months after the Late Entrant's or Re-enrollee's Effective Date. This limited coverage also applies to the Late Entrant's or Re-enrollee's Dependents, if enrolled.

Employee Signature: _____ Date: _____

I elect the following coverage(s):

☐ **Dental – "Gold Plan"***	☐ **Dental – "Silver Plan"***	☐ **Vision***
☐ EE $ 22.30	☐ EE $ 14.08	☐ EE $ 7.86
☐ ES $ 46.70	☐ ES $ 28.18	☐ ES $ 16.84
☐ EC $ 51.06	☐ EC $ 32.84	☐ EC $ 12.70
☐ EF $ 72.48	☐ EF $ 46.92	☐ EF $ 23.12
☐ Waived	☐ Waived	☐ Waived

* Rates effective January 1, 2010.

Declination of coverage must be accompanied by the employee's signature above.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.