

Optional Monthly Checking Account Deduction

- ① Complete this section.
- ② Attach a blank check marked "VOID" to this form. (DEPOSIT SLIPS or TEMPORARY CHECKS ARE NOT ACCEPTABLE).
- ③ Submit a check for one month's premium payable to Blue Cross of California. If the account listed is a joint account, both account holders' signatures are required.

Checking Account Deduction Authorization

As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and made payable to the order of BLUE CROSS OF CALIFORNIA, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn by you and signed personally by me. I authorize Blue Cross of California to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Blue Cross premiums. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance.

| |
|-------------------------|
| Name of Bank |
| Address |
| City / State / Zip Code |

NOTE: You will incur a service charge for any withdrawal not honored. Should your withdrawal not be honored by your bank, you automatically will be removed from monthly checking account deduction, and will be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

| | |
|---|-----------|
| Subscriber's Name | Group No. |
| Subscriber's Social Security No. / Certificate No. | |
| Name on Checking Account (If different than above) | |
| Checking Account No. | |
| Authorized Signature (As it appears in the financial institution's records) | Date |
| Authorized Signature (As it appears in the financial institution's records) | Date |

← Staple Blank, Voided Check Here →



The information in this brochure only provides highlights of the Blue Cross Individual Dental PPO Plan. For more detailed information, be sure to read the Blue Cross Individual Dental PPO Policy you will receive once enrolled.

CLICK HERE
for instant online quotes

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IS7061 3/08



Blue Cross Individual Dental PPO



Plans for Individuals and Families

Why Should Dental Coverage Be Important to You and Your Family?

The Surgeon General, the American Dental Association, and the Centers for Disease Control and Prevention agree: Oral health is essential to your overall health – at any age.

Quality dental care gives you the opportunity to prevent oral diseases and disorders by treating oral health problems in the early stages. Regular visits to the dentist, including cleanings, exams and X-rays, can reduce the risk of permanent damage and help avoid more costly treatment later on.

The Blue Cross Dental PPO plan is an affordable way to maintain this important area of your health. With Blue Cross Dental PPO coverage, you'll enjoy access to one of the largest networks of dentists and specialists, and you'll feel secure knowing that it will help cover the cost of both routine visits and more expensive procedures.

By making good oral health part of your daily routine, you can improve your quality of life, self-confidence and appearance ... it might just leave you beaming.

Experience the unique benefits of the Blue Cross Individual Dental PPO Plan from BC Life & Health Insurance Company, including:

- **The Flexibility You Expect** – Freedom to choose any dentist, but save with a dentist in network
- **The Variety You Need** – Receive a wide range of dental and specialty services
- **The Savings You Deserve** – Access quality care at discounted fees from our large network of more than 12,000 professionals, with a low \$50 annual deductible
- **The Name You Trust** – Blue Cross has been an industry leader in California for more than 65 years
- The Blue Cross SpecialOffersSM Program gives you information about discounts of 10-50% offered by independent vendors on related products.
- Choose the Dental PPO Plan as a stand-alone plan or in combination with any Blue Cross health coverage that you are purchasing or already have.



Blue Cross Individual Dental PPO Plan

How our plan works

You have access to one of California's largest network of dentists and specialists, who have agreed to provide services at negotiated rates to our members. Although the Dental PPO Plan gives you the flexibility to visit any dentist you choose, it's important to remember that when you choose a participating dentist within the plan network, you may save more money (see chart below).

| | At Participating Dentists | At Non-Participating Dentists |
|---------------------------|---------------------------|-------------------------------|
| Total charges | \$773 | \$773* |
| Blue Cross discount | - 348 | NA* |
| Blue Cross negotiated fee | \$425 | NA* |
| Blue Cross payment | - 264* | - 264* |
| You pay | \$161* | \$509* |

*Assumes deductible (if applicable) has been met.

We tell you how much the plan pays the dentist for covered services. For detailed information, please refer to the Covered Benefits Schedule on the following pages.

The Calendar Year Deductible

This is the amount you pay each year for covered services before we begin paying part of the cost. The Calendar Year Deductible is \$50 per person, with a maximum of three deductibles per family (a total of \$150). The deductible is waived for preventive and diagnostic care only at participating dental offices.

The Calendar Maximum Benefit

This is the maximum dollar amount that we will pay per year for covered expenses. All dental benefits are limited to a maximum payment by BC Life & Health Insurance Company of \$1,000 for expenses incurred by each enrolled member during a calendar year.



Waiting Periods

This is the amount of time between the start of your membership in the plan and the date your coverage for certain benefits begins. There is no waiting period for preventive and diagnostic care. Coverage for basic care (for example, fillings) begins after three continuous months of coverage, and for major care (for example, root canals) after 12 continuous months of coverage.

Customer Service

BC Life & Health Insurance Company's customer service representatives are pleased to answer any questions you may have about your dental plan. You will find the toll-free number on your I.D. card.

Individual Dental PPO Plan Covered Benefits

We pay either the specified amount or the actual amount charged by your dentist, whichever is lower. You pay the deductible plus any charges in excess of the stated benefit when using a participating dentist. Preventive and diagnostic services are paid at 100%.

| | |
|-------------------------------|--|
| Annual maximum benefit | \$1,000 per member |
| Annual deductible | \$50 per person (3 family member max) |

Preventive and Diagnostic Care

No waiting periods and deductible is waived at Participating Dentists

| | At a Participating Dentist, we pay: | At a Non-Participating Dentist, we pay: |
|---|-------------------------------------|---|
| Periodic oral exam two per member per year | 100% | \$18 |
| Comprehensive oral exam | 100% | \$25 |
| Bitewing X-rays – single film | 100% | \$16* |
| Bitewing X-rays – two films | 100% | \$18* |
| Single (Periapical) X-rays – first film | 100% | \$13* |
| – additional films | 100% | \$ 8* |
| Bitewing X-rays – four films | 100% | \$26* |
| Full mouth X-rays one set every three years | 100% | \$60 |
| Routine cleaning adult: two per year | 100% | \$39 |
| Routine cleaning child: two per year | 100% | \$30 |
| Cleaning with fluoride child: two per year | 100% | \$35 |
| Topical fluoride only child: two per year | 100% | \$14 |

* Total benefit for single and bitewing X-rays not to exceed cost of full mouth X-rays (\$60) at non-participating dentists.

Basic Dental Care

3-month waiting period

| | At a Participating or Non-Participating Dentist, we pay: |
|---|--|
| Filling – One surface/two surfaces three surfaces/four or more surfaces | \$42/\$55 \$72/\$84 |
| Extraction – of erupted tooth or exposed root single tooth/each additional tooth | \$49 |
| Extraction – surgical removal of erupted tooth | \$84 |
| Extraction of impacted tooth soft tissue/partial bony/complete bony | \$111/\$148/\$180 |

Major Dental Care

12-month waiting period

| | At a Participating or Non-Participating Dentist, we pay: |
|--|--|
| Scaling/Root planning – per quadrant | \$48 |
| Gingivectomy – one to three teeth per quadrant | \$40 |
| Gingivectomy – four or more contiguous teeth per quadrant | \$145 |
| Osseous surgery – four or more contiguous teeth or bounded teeth spaces per quadrant | \$277 |
| Root canal – one canal/two canals three canals | \$154/\$189 \$242 |
| Inlay – one surface/two surfaces three surfaces | \$172/\$198 \$220 |
| Onlay – in addition to inlay | \$57 |
| Crown – non-stainless steel stainless steel | \$264 \$57 |
| Pontic | \$264 |
| Post and Core – in addition to crown | \$75 |
| Dentures complete upper or lower partial upper or lower reline chairside reline lab | \$343 \$308 \$75 \$106 |

The amounts listed are an overview only. For complete details, see your policy.

It's Easy To Find Your Dentist and Your Rate

Finding Your Participating Dentist

To find a participating dentist near you, visit our Web site at bluecrossca.com and click on the Provider Finder link.

Availability may be limited in some counties. If you live in any of these areas, please review the *Statement of Understanding* on the application before choosing this plan.

Counties with Limited Availability

Area 1: Lassen, Modoc, Plumas, Sierra, Trinity

Area 2: Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Tuolumne

Area 3: Colusa, Glenn, Humboldt, Lake, Yolo

The rates listed below are monthly rates. Please note that the monthly payment option is available only if you pay by a monthly checking account automatic premium payment or credit card. If you choose to pay bimonthly, simply multiply the rate by two. If you prefer to pay quarterly, multiply the rate by three.

Rating Areas

Area 1: Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960), Siskiyou, Tehama (except 95963, 95973), Trinity (except 95526)

Area 2: Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 93313, 93618), Inyo (except 93527), Kings (93242, 93631, 93656 only), Madera, Marin, Mariposa, Merced, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Benito (except 93930, 95004), San Joaquin (except 94514), San Mateo, Santa Clara (94303, 95023 only), Sierra (95960 only), Solano (95690 only), Stanislaus, Sutter (95626, 95648, 95837 only), Tulare (93631, 93641, 93646, 93654 only), Tuolumne, Yuba (95960 only)

Area 3: Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Monterey (95076 only), Napa, Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (except 94303, 95023), Santa Cruz, Sierra (95922 only), Solano (except 95690), Sonoma, Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Trinity (95526 only), Yolo, Yuba (except 95960)

Area 4: Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

Area 5: Los Angeles (except 93243 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)

Area 6: Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego

Area 7: Fresno (93245, 93313, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernardino (93516, 93555 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Tulare (except 93631, 93641, 93646, 93654), Ventura (93252 only)

Area 8: Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

Area 9: Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

Blue Cross Individual Dental PPO Plan Monthly Rates

| | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 | Area 8 | Area 9 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Contract Type | | | | | | | | | |
| Subscriber | \$43 | \$40 | \$41 | \$46 | \$48 | \$46 | \$41 | \$45 | \$48 |
| Subscriber & Spouse | 85 | 78 | 81 | 89 | 94 | 89 | 81 | 87 | 94 |
| Subscriber & Child | 68 | 63 | 64 | 71 | 75 | 71 | 64 | 69 | 75 |
| Subscriber & Children | 106 | 97 | 100 | 111 | 116 | 111 | 100 | 108 | 116 |
| Subscriber & Family | 133 | 123 | 126 | 140 | 147 | 140 | 126 | 136 | 147 |
| 1 Child | 35 | 33 | 33 | 37 | 39 | 37 | 33 | 36 | 39 |
| 2 Children | 67 | 62 | 64 | 71 | 74 | 71 | 64 | 69 | 74 |
| 3+ Children | 96 | 88 | 91 | 101 | 105 | 101 | 91 | 98 | 105 |

Eligibility

You and your enrolling dependents must be permanent, legal residents of California. You and your enrolling spouse must be age 64½ or younger.

Eligible dependents include:

- the subscriber's lawful spouse
- any unmarried child (of the subscriber or the enrolled spouse) under age 19
- any unmarried child (of the subscriber or the enrolled spouse) ages 19 to 23, who qualifies as a dependent for federal income tax purposes
- the subscriber's or enrolled spouse's child, who continues to be both incapable of self-support due to continuing mental retardation or physical handicap, and who is at least one-half dependent on the subscriber or enrolled spouse for support

Date Coverage Begins

The effective date of your plan is assigned by BC Life & Health Insurance Company and can be any day of the month following approval.

Termination of Coverage

Coverage ceases under the plan when: You do not pay the premium when due, subject to the grace period; the spouse is no longer married to the principal insured; a child fails to meet the previously listed eligibility requirements; any member becomes enrolled in any other Blue Cross of California/BC Life & Health Insurance Company non-group coverage; any covered member resides in a foreign country for more than six consecutive months or is absent from California for more than six consecutive months. You must notify BC Life & Health Insurance Company of all changes affecting any member's eligibility.

Non-Duplication of Blue Cross Benefits

If, while covered under this policy, the member is covered by another Blue Cross of California/BC Life & Health Insurance Company Individual policy, he/she will be entitled only to the benefits of the policy with greater benefits. The Blue Cross Companies will refund any premium received under the policy with the lesser benefits, covering the time both policies were in effect. However, any claims payments made by the Blue Cross Companies under the policy with the lesser benefits will be deducted from any such refund of premium.

Requirement for Binding Arbitration

If you are applying for coverage, please note that BC Life & Health Insurance Company requires binding arbitration to settle any and all disputes against Blue Cross of California/BC Life & Health Insurance Company, including claims of medical malpractice and breach of contract and benefits. This means that you are waiving your right to a jury or court trial for both medical malpractice claims, and any other disputes. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

Exclusions and Limitations

- Experimental or investigative care or therapy.
- Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication, settlement or otherwise, under any workers' compensation or occupational disease law, even if you do not claim these benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, BC Life & Health Insurance Company will provide the plan benefits for such conditions subject to its right of recovery and reimbursement under *California Labor Code Section 4903*.
- Any services for which you are entitled to receive Medicare benefits, whether or not Medicare benefits are actually paid.
- Any services provided by a local, state, county or federal government agency, including any foreign government, except when payment under the plan is expressly required by federal or state law.
- Services or supplies for which no charge is made, or for which no charge would be made if you had no insurance coverage, or services for which you are not legally obligated to pay.
- Services received before your effective date or during an inpatient stay that began before your effective date.
- Services rendered before coverage begins or after coverage ends.
- Prescribed drugs, pre-medication or analgesia (including nitrous oxide).
- No benefits are provided for hospital or associated physician charges for any dental treatment that cannot be performed in the dental office because of your general health, mental, emotional, behavioral or physical limitations.
- Services or supplies not specifically listed as covered under the plan agreement.
- Services provided by relatives, and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
- Any amounts in excess of the maximum amounts stated in the plan benefit schedule.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.
- Replacement of an existing prosthesis, which has been lost or stolen or which, in the opinion of the dentist, is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis, for which benefits were paid by us, if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- Orthodontic services, braces, appliances and all related services. Surgery necessary in conjunction with orthodontic treatment is also not covered.
- Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies or appliances provided in connection with any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or any treatment, including crowns and/or bridges to change the way the upper and lower teeth meet (occlusion); or treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means, including the restoration of vertical dimension because teeth have worn down due to attrition, abrasion, abfraction, erosion or bruxism.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to changing the vertical dimension; replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, erosion or bruxism; realignment of teeth; gnathological recording; occlusal equilibration; and splinting.
- Oral examinations, including prophylaxis, exceeding two visits per year.
- More than one set of full-mouth X-rays or its equivalent in a three-year period.
- Fluoride applications and sealants for patients over 18 years of age. Fluoride applications exceeding two visits per year.
- Correction of congenital or development malformation for a policyholder or dependent including but not limited to supernumery and/or over retained deciduous teeth, cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Adjustments, repairs or relines to prostheses for a period of six months from initial placement if the prostheses were paid for under this plan.
- Fixed bridges, removable cast partials and/or cast crowns, with or without veneers, and inlays for patients under 16 years of age.
- Replacement of crowns and cast restorations, including porcelain inlays and porcelain crowns, for which benefits were paid by BC Life & Health Insurance Company, if such replacement occurs within five years of the original placement.
- If a policyholder transfers from the care of one dentist to another during the course of treatment, or if more than one dentist renders services for one dental procedure, BC Life & Health Insurance Company shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Oral hygiene instruction.
- Services for treatment of malignancies and neoplasms.
- Implants or the removal of implants, unless they are provided in association with a covered prosthetic appliance, in which case BC Life & Health Insurance Company will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and prosthetic appliances.
- Replacement of missing teeth prior to the effective date of coverage with partial dentures, complete dentures or fixed bridges.
- Crown lengthening.
- Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).

These exclusions and limitations are an overview only. The policy contains a comprehensive list of the plan's exclusions and limitations.

How To Enroll

For new members enrolling in dental coverage only:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to BC Life & Health Insurance Company.
- Send the application and payment to the address below, or to your agent

For new members enrolling in Blue Cross of California/BC Life & Health Insurance Company medical and dental coverage:

- See instructions on the Individual Enrollment Application

For Blue Cross of California/BC Life & Health Insurance Company medical members who want to add dental:

- Complete the attached application
- Determine your premium
- Choose your payment plan*
- Write a check payable to BC Life & Health Insurance Company.
- Send the application and payment** to the address below, or to your agent

* You must select the same payment option for your dental plan that you have for your medical plan.

**Even if you pay your medical premium by a monthly checking account automatic premium payment or credit card, you must send the first month's dental premium with the application.

To determine your initial premium:*

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it, along with a check for one month's premium and a blank check marked "VOID."
- If you want to pay your bill every other month (bimonthly), write a check for two months' premium.
- If you want to pay your bill every three months: write a check for three months' premium.

*If you are a Blue Cross medical plan member, you must select the same payment option for your dental plan that you have for your medical plan.

Send your application and payment to:
BC Life & Health Insurance Company
P.O. Box 9041
Oxnard, CA 93031-9041
 or your:
Authorized Independent Agent



Attach Check Here

Blue Cross Individual Dental PPO Plan Enrollment Application

If you are a Blue Cross of California subscriber, please enter your current Blue Cross group number and certificate number.

| | |
|-----------|-----------------|
| GROUP NO. | CERTIFICATE NO. |
|-----------|-----------------|

Check Billing Type Selected

- Monthly (by checking account deduction only)
- Bimonthly Quarterly

Application Information: Applicant must complete this section.

PLEASE PRINT

| | | | | | | |
|--|------------|----------|--|-------------------------|---|------------------------|
| LAST NAME | FIRST NAME | MI | SEX <input type="radio"/> M <input type="radio"/> F | BIRTHDATE (Mo/Day/Year) | MARITAL STATUS <input type="radio"/> S <input type="radio"/> M | SOCIAL SECURITY NUMBER |
| HOME ADDRESS (Must be complete, P.O. Box not acceptable) | | | BILLING ADDRESS IF DIFFERENT (or P.O. Box) | | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |
| HOME PHONE NO. () | | | BUSINESS PHONE NO. () | | | |

Spouse To Be Insured (Sign Below)

| | | | |
|----------------|--|-------------------------|------------------------|
| NAME OF SPOUSE | SEX <input type="radio"/> M <input type="radio"/> F | BIRTHDATE (Mo/Day/Year) | SOCIAL SECURITY NUMBER |
|----------------|--|-------------------------|------------------------|

Children To Be Insured

| | | | | | |
|-----------------------------|-----|-------------------------|-----------------------------|--|-------------------------|
| NAME (First and Last) 1. | SEX | BIRTHDATE (Mo/Day/Year) | NAME (First and Last) 3. | SEX <input type="radio"/> M <input type="radio"/> F | BIRTHDATE (Mo/Day/Year) |
| NAME (First and Last) 2. | SEX | BIRTHDATE (Mo/Day/Year) | NAME (First and Last) 4. | SEX <input type="radio"/> M <input type="radio"/> F | BIRTHDATE (Mo/Day/Year) |

Signatures (Required)

Any dispute between you and Blue Cross of California/BC Life & Health Insurance Company must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of Small Claims Court, and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both you and Blue Cross of California and its affiliates are giving up the right to have any dispute decided in a court of law before a jury.

Statement of Understanding for Areas 1, 2 and 3 (non-network counties only - see page 7.) I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I probably will not be able to use a Participating Dentist and that I will probably pay more for dental care. When I use Non-Participating Dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the Non-Participating Dentist. This means that I may be responsible for a larger portion of my dental bills.

| | | | |
|---|--------------|---|--------------|
| SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN X | TODAY'S DATE | SIGNATURE OF APPLICANT'S SPOUSE X | TODAY'S DATE |
| SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X | TODAY'S DATE | SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X | TODAY'S DATE |

Agent Information

| | | |
|--------------------------------|--|---------------------------|
| SIGNATURE OF AGENT X | AGENT NAME (PRINT) First Eagle Insurance Services | AGENT NUMBER 954239571 |
|--------------------------------|--|---------------------------|

| | | | | | | | |
|-----------|--------------------|-----------|----------------|-----------|------|----|------|
| GROUP NO. | CERTIFICATE NUMBER | AGENT NO. | EFFECTIVE DATE | PRE-EXIST | AREA | BY | DATE |
|-----------|--------------------|-----------|----------------|-----------|------|----|------|