









**Security Life Insurance Company of America, Minnetonka, MN  
PRIMESTAR PERSONAL APPLICATION - 3 ENROLLMENT OPTIONS**

**ONLINE** - Visit [www.StarsDental.com/quote](http://www.StarsDental.com/quote)  
and follow the step by step Instructions  
Agent Authorization Number (Required for  
Online purchases) (AAN) \_\_\_\_\_

**FAX** - the application to 952-945-3409  
(You must choose Credit Card or  
ACH payment options)

**MAIL** - the application along with initial payment to:  
PrimeStar Personal Dental  
10901 Red Circle Drive, Suite 400  
Minnetonka, MN 55343

**Plan Selection:**  Premier  Select  Secure  Vision Option  Senior (65 or older)  
**I apply for coverage on:**  Applicant Only  Applicant and Spouse  
 Applicant and Child(ren)  Applicant and Family  
**Optional Calendar Year Maximum Increase Selection**  \$1,500  \$2,000 (Premier or Select Plans only)

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

Last Name		First Name		Initial		Birth Date: / /	
Address				Telephone Number		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
City		State	Zip	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/>			
Billing Address (If Different)		City	Zip				

**LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW**

Last Name (If Different)	First Name	Initial	Sex M/F	Age	Birth Date M/D/Y
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

Does Spouse have a dental plan: Yes  No  With Whom? \_\_\_\_\_ If answer is "Yes", are dependents enrolled under spouses plan? Yes  No   
Do you claim a tax exemption for all eligible dependents listed above? Yes  No  If no, who is not? \_\_\_\_\_  
All dependent children over age 18 are full-time students. Yes  No  If no, who is not? \_\_\_\_\_

**CALCULATE YOUR RATES:**

1. Locate the first three digits of your zip code on the **Zip Code Area Chart** found on the reverse side of this application. Using the corresponding area number, determine the applicable monthly premium, found on the **Rate Chart** on the reverse side of this application, based upon your eligibility age, plan selection and coverage type.

2. Select your mode of payment

**Monthly - Bank Account Debit (ACH)** (Checking or Savings) Complete Authorization Agreement below and submit two (2) months premium

**Checking Acct.** - Attach voided check - DO NOT SUBMIT DEPOSIT SLIP.

**Savings Acct.** - Attach savings deposit slip with account number including the bank routing number.

**Monthly Credit Card**

Complete Authorization Agreement below.

Visa  Master Card

**Quarterly Direct Bill** - submit three (3) months premium

**Semi-Annual Bill** - submit six (6) months premium

Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Rate (found on the Premium Rate Table)	Vision Add-on (found on the Premium Rate Table)	Optional Calendar Yr Max Add-on \$1,500 Additional Cost \$6.00 \$2,000 Additional Cost \$9.00	Sub Total:	Multiply by 2,3 or 6 depending upon mode of payment selected above	One time enrollment Fee	Total Remittance
\$	\$	\$	\$	X	None	\$

**For Initial payment, make check payable to Security Life Insurance Company of America**

**AUTHORIZATION AGREEMENT: (When paying by ACH or Credit Card please complete the section below)**

As a convenience to me, I authorize Security Life Insurance Company of America to initiate entries to my bank account or credit card account for my monthly dental and/or vision premium. I understand this will occur by the third business day of each month and that such record will appear on my monthly statement. I agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, the bank or credit card company shall be under no liability whatsoever even though it might result in forfeiture of my insurance.

I understand that this agreement will remain in effect until Security Life Insurance Company of America has received written notice from me that it should be cancelled. I understand that I have the right to stop payment by notification to Security Life Insurance Company of America, my bank or my credit card company at least ten business days prior to the next scheduled payment.

Account Holder's Name \_\_\_\_\_ Date \_\_\_\_\_ Account Holder's Signature \_\_\_\_\_

**FOR AGENT USE ONLY - Please Print Clearly**

Producer Name		Producer Phone #		<b>FOR COMPANY USE ONLY</b>	
Street Address		City	St		
Producer Email		Producer SS#/TIN#		Effective Date: ____/____/____	
Appointed with Security Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		Producer Signature		Plan Code: _____ <b>SLIC</b>	

**IMPORTANT INFORMATION** - The effective date is the first of the month following the day in which the application is received in the Service Center Office. Upon receipt of your completed application you will receive a copy of your Certificate of Insurance and Identification Card(s). Do not cancel any other dental coverage you may have until you receive written confirmation from Security Life. Please allow 3-4 weeks for processing.

**By my signature below, I hereby apply for coverage under Group Dental Insurance Policy GH-1112-38060-02 issued to the Voluntary Group Trust. I also certify I have read the applicable Fraud Notice contained within the brochure.**

**California Law prohibits an HIV Test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

**Applicant Signature**

**Date**

## PREMIUM RATE TABLE – GOOD THROUGH NOVEMBER 2007

Monthly premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.

RATE CHART			Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
<b>UNDER AGE 65</b>	<b>PREMIER</b>	Applicant Only	\$ 28.00	\$ 31.00	\$ 34.00	\$ 37.00	\$ 42.00	\$ 46.00	\$ 50.00	\$ 55.00
		Applicant+Spouse	\$ 58.00	\$ 63.00	\$ 70.00	\$ 77.00	\$ 84.00	\$ 93.00	\$ 102.00	\$ 112.00
		Applicant+ Child(ren)	\$ 68.00	\$ 74.00	\$ 81.00	\$ 89.00	\$ 99.00	\$ 108.00	\$ 119.00	\$ 131.00
		Applicant + Family	\$ 103.00	\$ 112.00	\$ 124.00	\$ 136.00	\$ 150.00	\$ 164.00	\$ 181.00	\$ 200.00
	<b>SELECT</b>	Applicant Only	\$ 25.00	\$ 28.00	\$ 30.00	\$ 33.00	\$ 36.00	\$ 41.00	\$ 45.00	\$ 49.00
		Applicant+Spouse	\$ 51.00	\$ 56.00	\$ 61.00	\$ 68.00	\$ 74.00	\$ 81.00	\$ 89.00	\$ 99.00
		Applicant+ Child(ren)	\$ 53.00	\$ 58.00	\$ 63.00	\$ 70.00	\$ 77.00	\$ 84.00	\$ 93.00	\$ 102.00
		Applicant + Family	\$ 83.00	\$ 92.00	\$ 101.00	\$ 111.00	\$ 122.00	\$ 134.00	\$ 148.00	\$ 162.00
	<b>SECURE</b>	Applicant Only	\$ 22.00	\$ 24.00	\$ 26.00	\$ 29.00	\$ 32.00	\$ 35.00	\$ 38.00	\$ 43.00
		Applicant+Spouse	\$ 44.00	\$ 48.00	\$ 53.00	\$ 58.00	\$ 64.00	\$ 71.00	\$ 78.00	\$ 85.00
		Applicant+ Child(ren)	\$ 46.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 67.00	\$ 73.00	\$ 80.00	\$ 88.00
		Applicant + Family	\$ 73.00	\$ 79.00	\$ 87.00	\$ 96.00	\$ 106.00	\$ 116.00	\$ 128.00	\$ 140.00
<b>65 AND OVER</b>	<b>PREMIER</b>	Applicant Only	\$ 31.00	\$ 34.00	\$ 37.00	\$ 42.00	\$ 46.00	\$ 50.00	\$ 55.00	\$ 60.00
		Applicant+Spouse	\$ 64.00	\$ 70.00	\$ 77.00	\$ 84.00	\$ 93.00	\$ 102.00	\$ 112.00	\$ 124.00
	<b>SELECT</b>	Applicant Only	\$ 27.00	\$ 31.00	\$ 33.00	\$ 36.00	\$ 41.00	\$ 45.00	\$ 49.00	\$ 54.00
		Applicant+Spouse	\$ 56.00	\$ 61.00	\$ 68.00	\$ 75.00	\$ 81.00	\$ 89.00	\$ 99.00	\$ 109.00
	<b>SECURE</b>	Applicant Only	\$ 24.00	\$ 26.00	\$ 29.00	\$ 32.00	\$ 35.00	\$ 38.00	\$ 43.00	\$ 47.00
		Applicant+Spouse	\$ 48.00	\$ 53.00	\$ 58.00	\$ 64.00	\$ 71.00	\$ 78.00	\$ 86.00	\$ 94.00
<b>OPTIONAL VISION COVERAGE FOR ALL AGES</b>	Applicant	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	
	Applicant + Spouse	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	
	Applicant + Child(ren)	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	
	Applicant + Family	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	

ZIP CODE AREA CHART											
State		State		State		State		State		State	
Zip	Area	Zip	Area	Zip	Area	Zip	Area	Zip	Area	Zip	Area
<b>Alabama</b>		<b>Colorado</b>		<b>Kansas</b>		<b>Montana</b>		<b>Oklahoma</b>		<b>Utah</b>	
350-355	3	803	4	660-662	2	590-591	1	740-743	2	All Areas	1
359	3	808-810	4	All Other	1	599	2	All Other	1	<b>Virginia</b>	
All Other	1	All Other	1	<b>Kentucky</b>		All Other	3	<b>Oregon</b>		201	5
<b>Alaska</b>		<b>Delaware</b>		All Areas	1	<b>Nebraska</b>		977	3	220-221	5
995-996	8	All Areas	2	<b>Louisiana</b>		All Areas	1	978	1	222-223	6
All Other	6	<b>Dist Columbia</b>		707-711	2	<b>Nevada</b>		All Other	2	224-225	1
<b>Arizona</b>		All Areas	6	712	3	890-891	2	<b>Pennsylvania</b>		230-232	1
856-857	2	<b>Georgia</b>		All Other	1	894-895	6	170-178	2	228-229	2
864	2	300-303	2	<b>Michigan</b>		898	6	182-187	2	240-244	2
All Other	1	All Other	1	480-483	2	All Other	4	190-192	3	233-237	5
<b>Arkansas</b>		<b>Hawaii</b>		490-491	2	<b>New Mexico</b>		All Other	1	All Other	4
All Areas	1	All Areas	3	488-489	3	881	2	<b>South Carolina</b>		<b>Washington</b>	
<b>California</b>		<b>Idaho</b>		All Other	1	882	5	All Areas	1	982-984	4
900-905	7	All Areas	1	<b>Minnesota</b>		All Other	1	<b>Tennessee</b>		990-992	3
906-914	6	<b>Illinois</b>		553-558	2	<b>North Carolina</b>		373-374	2	993	6
915-916	8	600-605	2	564, 566	2	277	2	All Other	1	All Other	5
917-918	4	606-608	3	All Other	1	286	3	<b>Texas</b>		<b>West Virginia</b>	
919-927	6	All Other	1	<b>Mississippi</b>		287-289	2	751-753	3	255-257	4
930-934	6	<b>Indiana</b>		390-392	2	All Other	1	754	4	262-265	3
939	6	463-464	2	All Other	1	<b>North Dakota</b>		756-757	1	All Other	2
943-948	4	473	3	<b>Missouri</b>		580-581	2	776-777	1	<b>Wisconsin</b>	
949, 961	6	All Other	1	640-641	2	All Other	1	All Other	2	All Areas	1
956-958	3	<b>Iowa</b>		644-649	2	<b>Ohio</b>		<b>Wyoming</b>		<b>Wyoming</b>	
959	4	All Areas	1	All Other	1	All Areas	1	All Areas	1	All Areas	1
All Other	5										