

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Administrative Office: P. O. Box 16708, Jackson, MS 39236

Last Name	First Name	MI

- New Application
- Change Card

Home Address	City, ST	ZIP

Home Phone	Employer/Group /Association	Emp/Grp?Assoc.Phone

Select Payment Mode

- Group Billing
- Annual Direct Billing
- Semi Annual Direct Billing
- Quarterly Direct Billing
- Monthly Bank Draft

Primary Employee/Member	SSN	DOB	Marital Status	Sex

This authorization will draft monthly payments from my checking account. A voided blank check is enclosed on the bank on which the drafts are to be drawn.

Dependent Name	DOB	Relationship	Sex	Student (Y/N)

Monthly Credit Card

- Visa
- Master Card

Credit Card #

Exp. Date

***Are all dependent children between the ages 19 and 24 full-time students (Y/N)** "I understand and agree that the insurance shall not take effect unless the application has been accepted and approved by the Company and until the Effective Date of the Certificate."

Signature of Employee/Member	Check with Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Eff. Date	Plan Code STUDENT
Agent Sign And Complete		Group Code	Rate Code	Rate

Form DENTAL-APP-1 (09/05) MD