



BROKERS NATIONAL LIFE ASSURANCE COMPANY
 Domiciled in the State of Arkansas
 Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735
 Phone: 512-383-0220

Application for Individual Dental Plan

Applicant Name _____ Date of Birth _____ Sex M / F
 Street Address _____ City _____ State _____ Zip _____
 Social Security # _____ E-mail _____ Phone # _____

Complete the following to insure your spouse and/or children

Spouse's Name _____ Sex M / F Date of Birth (DOB) _____
 Relationship _____ Sex M / F DOB _____
 Child's Name _____ Relationship _____ Sex M / F DOB _____
 Child's Name _____ Relationship _____ Sex M / F DOB _____
 Child's Name _____ Relationship _____ Sex M / F DOB _____
 Child's Name _____ Relationship _____ Sex M / F DOB _____

Will this replace existing coverage? No Yes If yes, when will existing coverage terminate? _____
 Does the agent have knowledge this insurance will replace any other insurance? No Yes
 Effective Date: First of the month following receipt of complete application and Initial Amount Due.
 (Do not assume coverage is in force until you receive written confirmation.)

Plan Selection

Choose One: Plan A Plan B
Choose One: Individual Only Indiv. & One Dep. Indiv. & Family

For Home Office Use Only Effective Date _____ State ID# _____

Billing Method: Monthly Bank Draft (EFT)

Annual Direct Bill

Visa/MasterCard

For Credit Card Payment, please complete the following: I authorize BNL to bill my VISA/MC account for the initial amount due and subsequent regular payments.

REQUEST FOR AUTOMATIC MONTHLY BANK DRAFT (EFT)
(Attach a voided check)

Visa MasterCard
List 16-digit Account # _____
Expiration Date _____

If Bank Draft is chosen, your monthly BNL premium will be automatically withdrawn from your checking account. Please complete the Authorization Form below and attach a voided check from the account to be drafted:

Signature X
Date _____

To _____
(Print full name of bank or branch where account is maintained.)

Premium Calculations: (Send Initial Amount Due with application when selecting monthly bank draft or annual direct bill.)

Enter Premium (1 month or annual) \$ _____

Collection Fee (per billing cycle) + \$ 3.00

One Time Application Fee + \$ 25.00

Initial Amount Due = \$ _____

Regular Payment (Premium + Collection Fee) \$ _____

Make check payable to: Brokers National Life

All statements in this application are deemed to be representations and not warranties.

AGREEMENT

To the best of my knowledge and belief the statements and answers shown in this application form (front and back) are true and complete. I understand the following: (a) if any information stated in this application is incorrect and is material to the risk or hazard assumed by the company, coverage may be voided; (b) if the application is declined and coverage is not issued, Brokers National Life Assurance Company's only obligation will be to return any premium paid; and (c) the policy effective date will be the first day of the month following receipt of the application. In no event will the policy effective date be the same as the date of receipt.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Except in Colorado, D.C., Georgia, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. In D.C., Maine & Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. In Georgia, Nebraska, Oregon & Utah, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. In Louisiana, any person who knowingly presents 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. In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Dated at (city) _____, (state) LOUISIANA

Applicant Signature X _____ Date _____

Agent's Name (please print) PATRICIA FREEMAN Agent's License ID No. 233647

Licensed Agent Signature X Patricia Freeman BNL Agent No. 300044 Date _____