CITIZENS SECURITY LIFE INSURANCE COMPANY

12910 Shelbyville Road Ste. 300
Louisville, KY 40243

Commonwealth of Kentucky
Employee Dental Application 2024
Wage Types# 5731

PLEASE COMPLETE THE FOLLOWING INFORMATION:				
Social Security #:	Last Name:	First Name:		Sex: ☐ Male ☐ Female
Address:				
City:	State:	Zip Code:	Phone #: ( ) -	
E-Mail Address:	Date of Birth: / /	Age:	Business Phone #: ( ) -	Ext #:

DEPENDENT INFORMATION		
NAME: FIRST M.I. LAST	GENDER	DATE OF BIRTH
SPOUSE:	❑ M ❑ F	
CHILD:	❑ M ❑ F	
CHILD:	❑ M ❑ F	
CHILD:	❑ M ❑ F	
CHILD:	❑ M ❑ F	

PLAN INFORMATION				
Number of Dependents:	KY Group #:	Fax Number:	Payroll Clerk:	1st Payroll Deduction:
Company Name: Commonwealth of KY Dept. Name:	Group Number: 20108 Acct: 1002		Agent Number: A73157864	Policy Effective Date: /01/2024

PLEASE CHOOSE YOUR DENTAL COVERAGE FOR THE 12 MONTH BENEFIT PERIOD

PRIOR COVERAGE: ☐ Yes ☐ No	EPO BRONZE		FREEDOM GOLD	
If yes, company name: _____	☐ Single	$ 25.79	☐ Single	$ 34.25
Policy effective date: _____	☐ Employee + 1	$ 48.56	☐ Employee + 1	$ 64.52
Coverage level ☐ EE ☐ EE+1 ☐ Family	☐ Employee + Family	$ 76.42	☐ Employee + Family	$101.52

PLEASE CHECK PAYROLL DEDUCTION FOR CORRECT DEDUCTIONS.

SEND TO: DENNIS KROL INSURANCE
PO BOX 1818
FRANKFORT, KY 40602-1818
www.denniskrolinsurance.com

CALL: 800.467.5765 OR 502.875.3477
FAX:502.875.3615
EMAIL:krolinsurance@bellsouth.net

AUTHORIZATION

I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY of Louisville, KY and authorize my employer to deduct from my earnings any required contribution for the insurance to which I am or may become entitled. I am employed by the employer listed above and regularly work and, at present I am working at least 30 hours per week for this employer at a regular place of business or other location to which I am required to travel to perform my regular duties for this employer. I hereby represent that all answers above are true and complete to the best of my knowledge and belief.

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 act, which is a crime.

Applicant's Signature:	Date: