



MEDICO®
INSURANCE COMPANY

Medico®

Dental Insurance Portfolio

- Dental
- Dental Plus
- D.V.H. \$1,000
- D.V.H. \$1,500

APPLICATION BOOKLET

PRODUCER INSTRUCTIONS

Please complete the following:

- Application for Dental or Dental, Vision and Hearing Insurance
- Bank Draft Information (if applicable)
- Additional forms which may be required. See forms marked Complete and Send with Application.

Submit applications electronically by MyEnroller, Mail or Fax.

MyEnroller

Electronic Application Submission Tool

Website: mic.GoMedico.com

Mail

Medico Insurance Company

PO Box 10386

Des Moines, IA 50306

Fax

1-888-363-3420

If you have any questions, please call 1-800-547-2401-Option 3.

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Application for Dental or Dental, Vision and Hearing Insurance

Requested Effective Date of New Policy/Certificate (optional)

MM/DD/YYYY

Requested Effective Date must be after the application date.
If no Effective Date is requested, the Effective Date will be the day the application is approved by our Underwriting Department.

Policy/Certificate Delivery Options

Upon approval of this application, the policy/certificate will be delivered to:

- Applicant Producer

Part A: General Information – Please Print

Applicant Information

Full Name of Applicant - *First Name, M.I., Last, Suffix*

Address

City

State

ZIP Code

Phone Number

Alternate Phone Number

Email Address

Date of Birth (MM/DD/YY)

Age

Gender

Social Security Number

1. Do you have any dental, vision or hearing insurance currently in force? Yes No
2. Is the insurance applied for intended to replace any existing insurance with this or any other company? Yes No

If “Yes”, please provide the following:

Company Name

Policy Number

Type of Coverage

Part B: Benefit

Plan Selection – Check the Desired Option:

- Dental - \$1,000 Policy Year Maximum Benefit Amount
- Dental, Vision and Hearing - \$1,000 Certificate Year Maximum Benefit Amount
- Dental, Vision and Hearing - \$1,500 Certificate Year Maximum Benefit Amount
- Dental Plus - \$2,500 Policy Year Maximum Benefit Amount

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Part C: Payment Options

Method and Frequency of Payment

Make all checks payable to: Medico Insurance Company (do not make checks payable to the Producer or leave payee line blank).

Method of Payment:

- Automatic Bank Withdrawal
- Direct Bill
- Credit/Debit Card

Frequency of Payment:

- | | | | |
|----------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |

Amount Received with Application \$ _____ Renewal Premium \$ _____

Part D: Application Agreement

Applicant Certification

I hereby apply to Medico Insurance Company (the Company) for a **Dental or Dental, Vision and Hearing Insurance Policy/Certificate** to be issued solely and entirely in reliance on my answers. The answers, which I adopt as my own, are true, full and complete and have been accurately recorded. I agree that, except as provided in the Receipt for Initial Premium, no insurance will take effect unless the full first premium is paid and the policy/certificate is delivered and accepted by me. I have received the Outline of Coverage for the policy/certificate (in states where required by law).

No portion of the premium will be paid, during the period the policy/certificate is in force, by or on behalf of a third party (not to include an Immediate Family member), either directly, or through wage adjustments or other means of reimbursement.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or if the misrepresentation was material to our acceptance of the risk, rescind your policy/certificate.

I am applying for this Dental or Dental, Vision and Hearing Insurance policy/certificate. The policy/certificate provides dental or dental, vision and hearing benefits only. Review your policy/certificate carefully.

X

Applicant's Signature

Date (MM/DD/YYYY)

Producer's Certification

I certify the information in this application was provided by the applicant and correctly recorded. If the applicant is Medicare eligible, I have provided the applicant a link to the Medicare Buyer's Guide at GoMedico.com or a hard copy of it.

Producer's Printed Name

Producer's Number

X

Producer's Signature

Date (MM/DD/YYYY)

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Part E: Fraud Warnings

NOTICE: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud is a violation of federal law.

Alabama: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana and West Virginia: Any person who knowingly presents a 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.

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.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be guilty of insurance fraud as determined by a court of law. Use of the mail to defraud is a violation of federal law.

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.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

New Mexico: Any person who knowingly presents a 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 civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he or she 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.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud may be a violation of federal law.

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.

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BANK DRAFT INFORMATION

Complete this section only if you selected the automatic bank withdrawal payment option.

Ongoing Premium

Authorization to Bank or Other Financial Institution

Checking Savings

First Name (as it appears on account)

M.I.

Last Name (as it appears on account)

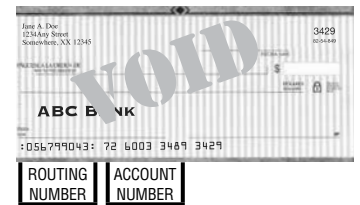
Bank or Financial Institution Name (including branch, if any)

Routing Number

Bank or Financial Institution's Address

Account Number

Please read: By providing my account information here and signing the application for insurance coverage, I authorize the bank whose name and address I am providing to pay and to charge to my account the amount of any check, instrument, or any other funds made by and payable to Medico Insurance Company, Medico Corp Life Insurance Company, and/or Medico Life and Health Insurance Company (the "Company") for insurance premiums. I authorize the Company to contact my bank or financial institution on my behalf for the sole purpose of obtaining information necessary to administer my preauthorized withdrawals in conjunction with my insurance coverage. This authorization is to remain in effect until revoked by me in writing. Until you receive and have reasonable time to act on such notices, you shall be fully protected in accepting any preauthorized withdrawal against my account.



Note: Enrollments using a credit or debit card for premium payments must be submitted electronically. Paper applications cannot contain credit or debit card information.

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Receipt for Initial Premium

Dental, Vision and Hearing Receipt

The applicant has applied for the following (select one):

- Dental - \$1,000 Plan Year Maximum Benefit Amount
- Dental, Vision and Hearing - \$1,000 Plan Year Maximum Benefit Amount
- Dental, Vision and Hearing - \$1,500 Plan Year Maximum Benefit Amount
- Dental Plus - \$2,500 Plan Year Maximum Benefit Amount

Received of _____
First Name MI Last Name Suffix

an application for insurance as shown above and \$ _____.

This insurance will not be in force until the contract is delivered and accepted and the first premium is paid.

If your application cannot be approved, we will promptly refund your money. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO **MEDICO INSURANCE COMPANY**. DO NOT MAKE CHECK PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

If you do not receive your contract within 30 days, please contact us by one of the following methods:

Write to:

Medico Insurance Company
PO Box 10386 • Des Moines, IA 50306

Call:

Customer Service at 1-800-228-6080

E-mail:

customerservice@GoMedico.com

X

Producer's Signature

Date (MM/DD/YYYY)

Producer's Printed Name

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Important Notice to Persons on Medicare

This Insurance Duplicates Some Medicare Benefits

This is not Medicare Supplement Insurance

The insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the policy and coverage for the same event is provided by Medicare.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or State Health Insurance Information Program (SHIIP) at 1-800-234-7119.

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Notes

about the company

Medico Insurance Company began operations in 1930. We offer quality health and life insurance products for Americans nationwide.

Today Medico Insurance Company continues a proud tradition of service to our policyholders.

We are located in the heart of the United States. When you call our number, the people who answer the phone understand your problems and are anxious to help you find solutions.

For more information about Medico Insurance Company visit www.GoMedico.com.



Medico Insurance Company
PO Box 10386, Des Moines, IA 50306
www.GoMedico.com
1.800.228.6080