MetLife PPO Dental Plan

Target CW is pleased to offer you participation in MetLife Dental Plan. Below is some important information to know about the plan. If you have any questions, please do not hesitate to contact your Benefits Administrator at:

858-810-3000 or benefits@targetcw.com

Important Plan Information

- The effective date for your coverage will be the first of the month after 30 days employment. Late applications can be accepted up to 7 days after the effective date; however, retroactive deductions may occur.
- Employees working 30 or more hours per week are eligible.
- If you do not submit your application by the above deadline, you may not enroll until the next Open Enrollment period or if you experience a Family Status Change (marriage, divorce, birth of a child, spouse’s job change, etc.). You have 30 days from the event to update your coverage. Documentation will be required.
- Changes or cancellation of your coverage can only occur during the annual Open Enrollment period or if you experience a Family Status Change. Adjustments relating to a Family Status Change must be made within 30 days of the event. Documentation will be required.
- Deductions for your coverage will be taken per paycheck on a pre-tax basis unless you notify us, in writing, otherwise.
- Please review the plan documents carefully. If you have any questions on the coverage, contact the Target CW Benefits Department.

Weekly Rates
MetLife PPO dental rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$10.63</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$21.30</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$26.00</td>
</tr>
<tr>
<td>Family</td>
<td>$38.21</td>
</tr>
</tbody>
</table>

Instructions for completing the PPO application:

- Complete the application labeled PPO. To view a list of dentists, visit www.metlife.com, select PDP Plus network, and enter search criteria.

Enroll online at www.targetcw.com/enroll.

Fax completed application to the Target CW Benefits dept. at 858-810-3001 or by email to benefits@targetcw.com
Overview of Benefits for: WMBE Payrolling Inc

Original Plan Effective Date: 07/01/2013

With all of the emphasis on healthy living, it may be refreshing to know you have access to a group dental plan that helps you maintain an oral health regimen with the savings you need, the flexibility you want and service you can count on.

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of PDP Fee</td>
<td>% of R&amp;C Fee¹</td>
</tr>
<tr>
<td>Type A - Preventive</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Type B - Basic Restorative</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Type C - Major Restorative</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Type D - Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Deductible: Per Individual</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Applies to Type B &amp; C services only</td>
<td>Applies to Type A, B &amp; C services</td>
</tr>
<tr>
<td>Deductible: Per Family</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td>Applies to Type B &amp; C services only</td>
<td>Applies to Type A, B &amp; C services</td>
</tr>
<tr>
<td>Annual Maximum Benefits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual</td>
<td>$1500</td>
<td>$1500</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual</td>
<td>$1000</td>
<td>$1000</td>
</tr>
</tbody>
</table>

Ortho applies to Child Only up to Age 19

1. The Reasonable and Customary charge is based on the lowest of: “Actual Charge” (the dentist’s actual charge); or “Usual Charge” (the dentist’s usual charge for the same or similar services); or “Customary Charge” (the 90th Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

Understanding Your Dental Plans

The MetLife Preferred Dentist Program (PDP) is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an “in-network” dentist or an “out-of-network” dentist.

If you receive in-network services, you will be responsible for any applicable cost sharing, PDP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the PDP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the PDP fee – MetLife’s negotiated fees that PDP dentists have agreed to accept as payment in full.

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and your plan’s payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife’s Oral Health Library
- Elect to view your Explanation of Benefits online

To registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.
An Example of Savings

An Example of Savings* When You Visit a MetLife PDP Dentist
Take a look at an example that shows how receiving services from a MetLife PDP dentist can save you money:

Your Dentist says you need a Crown, Type C Service**
PDP Fee: $550.00  R&C Fee: $675.00
Dentist’s Usual Fee: $800.00

<table>
<thead>
<tr>
<th>(IN-NETWORK) When you receive care from a MetLife PDP dentist . . .</th>
<th>(OUT-OF-NETWORK) When you receive care from a Non-Participating dentist . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>The PDP Fee is: $550.00</td>
<td>Dentist’s Usual Fee is: $800.00</td>
</tr>
<tr>
<td>Your Plan Pays: (50% x $550.00 PDP Fee)</td>
<td>Your Plan Pays: (50% x $675.00 R&amp;C Fee)</td>
</tr>
<tr>
<td>- $275.00</td>
<td>- $337.50</td>
</tr>
<tr>
<td>Your Out-of-Pocket Cost: $275.00</td>
<td>Your Out-of-Pocket Cost: $462.50</td>
</tr>
</tbody>
</table>

In this example, YOU SAVE $187.50 ($462.50 minus $275.00) . . . by using a MetLife PDP dentist! Please note, this is only an example and may not match your plan design.

*Savings from enrolling in the MetLife PDP Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

**Please note: this example assumes that your annual deductible has been met.
### Selected Covered Services and Frequency Limitations

<table>
<thead>
<tr>
<th>Type A - Preventive</th>
<th>How Many / How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis - Cleanings</td>
<td>1 in 6 months.</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>1 in 6 months.</td>
</tr>
<tr>
<td>Topical Fluoride Applications</td>
<td>1 in 12 months for children up to 16th birthday.</td>
</tr>
<tr>
<td>Full Mouth X-Rays (Adult/Child)</td>
<td>1 in 60 months.</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Adult 1 in 12 months / Child 1 in 12 months up to 19th birthday. Children up to 16th birthday. Limited to 1 per lifetime per area. 1 per tooth in 36 months (per permanent 1st &amp; 2nd non-restored molar) children up to 16th birthday. 1 in 12 months.</td>
</tr>
<tr>
<td>Sealants</td>
<td>Consultations</td>
</tr>
<tr>
<td></td>
<td>Harmful Habits Appliances</td>
</tr>
<tr>
<td></td>
<td>Emergency Palliative Treatment</td>
</tr>
<tr>
<td></td>
<td>1 in 6 months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type B - Basic Restorative</th>
<th>How Many / How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontics - Root Canal</td>
<td>1 per tooth in 24 months. For oral surgery, extractions or other covered services.</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>1 in 24 months. For oral surgery, extractions or other covered services.</td>
</tr>
<tr>
<td>Oral Surgery (Simple Extractions)</td>
<td>2 in 1 year, includes 2 cleanings.</td>
</tr>
<tr>
<td>Oral Surgery (Surgical Extractions)</td>
<td>1 in 24 months. Composite Fillings covered on all teeth.</td>
</tr>
<tr>
<td>Other Oral Surgery</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Periodontal Scaling &amp; Root Planing</td>
<td>1 in 24 months. Composite Fillings covered on all teeth.</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Amalgam &amp; Composite Fillings</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Bruxism Appliances</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Prefabricated Stainless Steel &amp; Resin Crowns</td>
<td>1 per tooth in 60 months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type C - Major Restorative</th>
<th>How Many / How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs</td>
<td>1 per tooth in 24 months.</td>
</tr>
<tr>
<td>Periodontal Surgery</td>
<td>1 in 36 months.</td>
</tr>
<tr>
<td>Implants</td>
<td>Services: 1 per tooth in 60 months Repairs: 1 per tooth in 12 months.</td>
</tr>
<tr>
<td>Bridges</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Dentures</td>
<td>1 per tooth in 60 months.</td>
</tr>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>1 per tooth in 60 months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type D - Orthodontia</th>
</tr>
</thead>
</table>

Dependent children are covered up to 19th birthday. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

- All procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

*Alternate Benefits:* Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.
Exclusions

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;

2. Services for which You would not be required to pay in the absence of Dental Insurance;

3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;

4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).

5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
   - scaling and polishing of teeth; or
   - fluoride treatments.

For NY Sitused Groups, this exclusion does not apply.

6. Services or appliances which restore or alter occlusion or vertical dimension.

7. Restoration of tooth structure damaged by attrition, abrasion or erosion.

8. Restorations or appliances used for the purpose of periodontal splinting.

9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.

10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.

11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.

12. Missed appointments.

13. Services
   - covered under any workers’ compensation or occupational disease law;
   - covered under any employer liability law
   - for which the employer of the person receiving such services is not required to pay; or
   - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

For North Carolina and Virginia Sitused Groups, this exclusion does not apply.

14. Services paid under any worker’s compensation, occupational disease or employer liability law as follows:
   - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers’ Compensation Act only to the extent such services are the liability of the employee, employer or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ compensation Act;
   - for persons who are not covered in North Carolina, services paid or payable under any workers’ compensation or occupational disease law.

For NY Sitused Groups, this exclusion does not apply.

This exclusion only applies for North Carolina Sitused Groups.

15. Services
   - for which the employer of the person receiving such services is not required to pay; or
   - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

For North Carolina Sitused Groups.

16. Services covered under any workers’ compensation, occupational disease or employer liability law for which the employee/Dependent received benefits under that law.

This exclusion only applies for North Carolina Sitused Groups.

17. Services
   - for which the employer of the person receiving such services is not required to pay; or
   - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

This exclusion only applies for Virginia Sitused Groups.

18. Services covered under other coverage provided by the Employer.

19. Temporary or provisional restorations.

20. Temporary or provisional appliances.


22. Services for which the submitted documentation indicates a poor prognosis.

23. The following when charged by the Dentist on a separate basis:
   - claim form completion;
   - infection control such as gloves, masks, and sterilization of supplies; or
   - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.

24. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.

For NY Sitused Groups, this exclusion does not apply.

25. Caries susceptibility tests.

26. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

27. Other fixed Denture prosthetic services not described elsewhere in this certificate.

28. Precision attachments, except when the precision attachment is related to implant prosthetics.

29. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

30. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

31. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

32. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

33. Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

34. Duplicate prosthetic devices or appliances.

35. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

36. Intra and extraoral photographic images.

37. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner’s immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms “Referral”, “Health Care Practitioner”, “Health Care Entity”, “Beneficial Interest” and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

This exclusion only applies for Maryland Sitused Groups.

38. Fixed and removable appliances for correction of harmful habits.

39. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

40. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.

41. Orthodontic services or appliances.

42. Repair or replacement of an orthodontic device.

1 Some of these exclusions may not apply. Please see your plan design and certificate for details. Like most group dental insurance policies, MetLife group insurance policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. Please contact MetLife for details.
Common Questions… Important Answers

Who is a participating Preferred Dentist Program (PDP) dentist? A participating dentist is a general dentist or specialist who has agreed to accept MetLife’s negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 15-45% below the average fees charged in a dentist’s community for the same or substantially similar services.

*Based on internal analysis by MetLife. Savings from enrolling in the MetLife PDP Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

How do I find a participating PDP dentist? There are more than 158,000 participating PDP dentist access points nationwide, including 37,000 specialist. You can select a participating dentist or specialist by visiting the MetLife website at www.metlife.com/dental or www.metlife.com/mybenefits if you are registered on MyBenefits. You can also call 1-800-ASK-MET (800-275-4638).

What services are covered by my plan? All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program (PDP) offer any negotiated fees on non-covered services? MetLife’s negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the PDP (in-network) fee.

May I choose a non-participating dentist? Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist’s fee and your plan’s payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan’s payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for PDP participation? Yes. If your current dentist does not participate in the PDP and you’d like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed? Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or www.metlife.com/mybenefits if you are registered on MetLife’s MyBenefits. You can also request one by calling 1-800-ASK-MET (800-275-4638).

Can I find out what my out-of-pocket expenses will be before receiving a service? Yes. MetLife recommends that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you’re still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can I learn about what dentists in my area charge for different procedures? With the Dental Procedure Fee Tool provided by go2dental.com, you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit www.metlife.com/mybenefits and use the Dental Procedure Fee Tool to help you estimate the in-network (PDP fees) and out-of-network fee* for dental services in your area.

*Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

Can MetLife help me find a dentist outside of the U.S. if I am traveling? Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans? Coordination of benefits provision in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced by the benefits paid under the primary plan.

Do I need an ID card? No, you do not need to present an ID card to confirm that you’re eligible. You should notify your dentist that you participate in MetLife’s PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select? No, you and your dependents each have the freedom to choose any dentist.

If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date? Yes, employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods.

- No waiting period on Preventive Services
- 24 months on Major Services
- 6 months on Basic Restorative (Fillings)
- 24 months on Orthodontia Services (if applicable)
- 12 months on all other Basic Services
CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
NOTICE TO INSUREDS

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.
To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Please indicate to whom and where the translated document is to be sent.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Por favor, indíque a quién y a dónde debe enviarse el documento traducido.
NOMBRE ________________________________
DIRECCIÓN ________________________________________

☐ 免費語言服務。您可獲得免費口譯服務。您可要求翻譯員向您口譯文件，或可要求向您發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線 1-800-927-4357。
為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方塊，並將文件連同此表一併郵寄至：
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
請指明轉譯文件收件人的姓名及地址。
姓名 ________________________________
地址 ________________________________________


無料の通訳サービス。通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お持ちのIDカードに記載されている番号、または1-800-942-0854へ電話ください。さらなる支援が必要な場合には、カリフォルニア州保険厅 1-800-927-4357までお問い合わせください。

 무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, или по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagasaalin. Maaaring kumuha ng tasaalin para basahan sa iyang documento sa wikang Tagalog. Para ikaw ay matulungan, tawagin kami sa numeral na nakalista sa iyong ID card, kung mayroon man, o sa numeralong 1-800-927-4357 para sa karagdagang tulong tawagang ang CA Dept. of Insurance sa numeralong 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

LA TÍNH THƯƠNG MẠI CỦA TÔM CHỈNH TUYỂN DỤNG. BẠN ĐƯỢC TẠO LẠI xem xét và quyết định liệu bạn có muốn tiếp tục tham gia dịch vụ này hay không. Nếu bạn muốn thoát khỏi dịch vụ, bạn có thể liên hệ với CA Dept. of Insurance để được hỗ trợ.

NAMERANG PAGASAALIN. Sumali ang iyong dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagin kami sa numeral na nakalista sa iyong ID card, kung mayroon man, o sa numeralong 1-800-927-4357 para sa karagdagang tulong tawagang ang CA Dept. of Insurance sa numeralong 1-800-927-4357.


Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.

Dich vu thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này, cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nóng trên thẻ ID của quý vị, nếu có, hoặc 1-800-927-4357. Để được giúp đỡ thêm gọi cho Ban Báo Hiểm CA tại 1-800-927-4357.
## ENROLLMENT • CHANGE FORM

### GROUP CUSTOMER INFORMATION  
(To be Completed by the Recordkeeper)

<table>
<thead>
<tr>
<th>Name of Group Customer/Employer</th>
<th>Group Customer #</th>
<th>Division</th>
<th>Class</th>
<th>Dept Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Hire (MM/DD/YYYY)</td>
<td>Coverage Effective Date (MM/DD/YYYY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original COBRA Effective Date if applicable (MM/DD/YYYY)</td>
<td>COBRA Termination Date if applicable (MM/DD/YYYY)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### YOUR ENROLLMENT INFORMATION  
(To be Completed by the Employee in blue or black ink)

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Social Security #</th>
<th>□ Male</th>
<th>□ Female</th>
<th>□ Single</th>
<th>□ Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street, City, State, Zip Code)</td>
<td>Date of Birth (MM/DD/YYYY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Employee</td>
<td>Job Title:</td>
<td>Hours Worked Per Week:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Retiree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ New Enrollment</td>
<td>□ Change in Enrollment</td>
<td>□ COBRA Continuation</td>
<td>If due to a Qualifying Event, enter date (MM/DD/YYYY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.

### Dental Insurance

Select your level of coverage

- □ Employee Only
- □ Employee + Spouse/Domestic Partner
- □ Employee + Child(ren)
- □ Employee + Spouse/Domestic Partner + Child(ren)

### Dependent Information

If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:

<table>
<thead>
<tr>
<th>Name of your Spouse/Domestic Partner (First, Middle, Last)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) of your Child(ren) (First, Middle, Last)</td>
<td>Date of Birth (MM/DD/YYYY)</td>
<td>□ Male</td>
<td>□ Female</td>
</tr>
</tbody>
</table>

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.
FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island 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: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 may include imprisonment, fines or a denial of insurance benefits.

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

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York: [only applies to Accident and Health Benefits (AD&D/Disability/Dental)] 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

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

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: 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.

GEF09-1
FW

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:
1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for dental coverage during the initial enrollment period, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.

GEF09-1
DEC

Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)