



The Standard[®]

The Standard Life Insurance Company of New York

Toll Free 888-396-8641 / Fax 402-467-7336 / standard.com

Dental Claims / P.O. Box 82520 / Lincoln, NE 68501

Pregnancy Dental Benefit

| | | | |
|--|--------------------------------------|---|--------------------|
| Claimant's Full Name (first, middle initial, last) | Claimant Birthdate (MM/DD/YY) / / | Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| Employee's Full Name (first, middle initial, last) | Employee's Identification number | Employee's Birthdate (MM/DD/YY) / / | |
| Employees Mailing Address (Street address or P.O. Box, City, State, ZIP) | | | |
| Employer (company) Name | Group Number | Division Number | Certificate Number |

I hereby certify that the above information is true and correct and I authorize The Standard Life Insurance Company of New York (The Standard) to determine coverage under the provisions of the Pregnancy Dental Benefit.

X _____
Signature / Employee Date

X _____
Signature / Claimant Date