



Domiciled in the state of Arkansas
 Administrative Office: 7010 Hwy 71 West, Suite 100 Austin, Texas 78735
 Phone: 512-383-0220

**Employee Data Sheet
 For Dental and Vision Benefits**

Group Name: First Financial Employee Leasing, Inc
 Group: #12144

Fax completed application to FFEL Benefits Dept 941-625-6330

<input checked="" type="checkbox"/> DENTAL INSURANCE				
<input type="checkbox"/> Edge Plus Plan A <input type="checkbox"/> Edge Plus Plan B <input type="checkbox"/> Basic Plus	Requested Effective Date _____	<u>Level of Coverage</u>		
		<input type="checkbox"/> Employee Only		Monthly Premium \$ _____
		<input type="checkbox"/> Employee & One Dependent		
<input type="checkbox"/> Employee & Family				

<input checked="" type="checkbox"/> INSURED VISION PLAN	
<u>Level of Coverage</u>	Monthly Premium
<input type="checkbox"/> Employee Only	\$ _____
<input type="checkbox"/> Employee & One Dependent	
<input type="checkbox"/> Employee & Family	
Underwritten by Vision Service Plan	

SECTION A	EMPLOYEE	SPOUSE (if applicable)
Name.....		
Social Security #.....		
Birth Date, Sex.....	M or F	M or F
Employment Date.....		
Employer Name.....		
Home Address.....		
Home Phone Number.....		

DEPENDENTS (if applying for Dependent coverage)						TOTAL AMOUNT DUE \$ _____
CHILD NAME	DOB	SEX	CHILD NAME	DOB	SEX	
1.			4.			
2.			5.			
3.			6.			

Authorization of Payroll Deduction

I authorize my employer to make the necessary deductions from my salary to pay the premiums to Brokers National Life Assurance Company. Such deductions shall continue until: 1. Termination of my employment, 2. Written notice of cancellation by me, or 3. Termination of the insurance plan(s). I represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

Fraud Notice

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

X _____ Employee _____ Date