



# VOLUNTARY AMERITAS EMPLOYEE APPLICATION

New Enrollment

Add Dependent(s)

Address Change

Effective Date :

## Employer Group Information

Group Name :

Group # or Client # :

## Employee Information

SS # :

Date of Birth :

Male

Female

Last Name :

First Name :

M. I. :

Address :

City :

State :

Zip Code :

Marital Status :  Single

Married

Divorced

Widowed

Select Coverage :

Employee Only

Employee + 1

Employee + 2 or More

Spouse

Last Name :

First Name :

Domestic Partner

Male

Female

Date of Birth :

Child # 1

Last Name :

First Name :

Male

Female

Date of Birth :

Child # 2

Last Name :

First Name :

Male

Female

Date of Birth :

Child # 3

Last Name :

First Name :

Male

Female

Date of Birth :

Child # 4

Last Name :

First Name :

Male

Female

Date of Birth :

Check here  if additional sheet(s) is attached with this application

X

**Applicant Signature**

**Date**

**For Future New Hires:  
Please send completed form to HealthSmart Benefit  
Solutions, Inc. within 30 days of Qualifying Event.**

**Changes or additions will be effective 1<sup>st</sup> of the month following receipt  
and/or after groups waiting period.**

NRBT Administered By :  
HealthSmart Benefit Solutions, Inc.  
10303 E. Dry Creek Road, Suite 200  
Englewood, CO 80112  
Phone : 800.786.6525  
Fax : 303.804.9490  
[pbdenver@healthsmart.com](mailto:pbdenver@healthsmart.com)