



## IMPORTANT INSTRUCTIONS

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### PART I – EMPLOYEE

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1. ALL questions in PART I must be completed by the Employee.
2. Please sign and date the “Authorization to Release Information.”
3. If you want benefits paid to your Dentist, sign and date the “Authorization to Pay Benefits to Dentist.” An Explanation of Benefits will be sent to you. Otherwise, payment will be made to you accompanied by the Explanation of Benefits.
4. The same bills should be submitted to any other Dental carrier the patient may have.

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### PART II – DENTIST

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**For claims:**

1. ALL sections in PART II must be completed in full. When treatment is completed, sign and date the form.

**For claims:**

1. ALL sections in PART II “To Be Completed By Attending Dentist,” including proposed procedures and itemized charges, must be completed. LifeRe Insurance Company will then provide an estimate of benefits after a careful review.
2. Before treatment commences, please review the proposed procedures and benefit estimates with the patient.
3. After the treatment has been completed, please return the form, including dates treatment was completed and your signature.

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**– IMPORTANT –**

PROCESSING OF YOUR CLAIM MAY BE DELAYED IF ALL PARTS OF THE FORM ARE NOT COMPLETED IN FULL. CANCELLED CHECKS, CASH RECEIPTS OR LIST OF EXPENSES PREPARED BY THE EMPLOYEE CANNOT BE ACCEPTED. PLEASE MAKE A COPY OF ALL BILLS PRIOR TO SUBMITTING THE CLAIM AS BILLS FOR YOUR RECORDS CANNOT BE RETURNED. IF COPIES ARE SENT TO US, THEY MUST BE LEGIBLE.