

To have information sent to your dentist on how they can benefit from being a member of an Ameritas provider panel, please complete and mail this card. For a quicker response, fax it to (402) 465-6108.

- YES.** I'd like my dentist to know more about the Ameritas Participating Provider Panel. Please send information to:

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Dentist Name

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Address

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City/State/Zip

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Business Phone Number

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Referred By (Employee)

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Employer Name



Give this card to your dentist to complete or inform your dentist that you requested a packet be mailed to their office.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
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Managed Care Division  
Ameritas Life Insurance Corp  
PO Box 82611  
Lincoln NE 68501-8811

