



A National Vision, Dental and Hearing Company

AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

Underwritten by Fidelity Security Life Insurance Company Kansas City, Missouri

PLEASE PRINT LEGIBLY

Policy No. VC-16/VC-23

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name										Employee First Name										MI	
Date of Birth				Social Security Number										Sex							
/ /				- -										<input type="checkbox"/> Male <input type="checkbox"/> Female							
Street Address														Apartment No.							
City										State		Zip Code									
												-									

Do you wish to cover your eligible dependents?

☐ Yes

☐ No

If yes, complete the following:

	Dependent Name										Date of Birth		
	FIRST					LAST							
Spouse / Domestic Partner												/	/
Child												/	/
Child												/	/
Child												/	/
Child												/	/
Child												/	/
Child												/	/

☐ I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.

Signature	Date
	/ /

A-00713

M-9059/M-9069/M-9086

TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Add <input type="radio"/> Dependent(s)	<input type="checkbox"/> Change <input type="radio"/> Address <input type="radio"/> Phone <input type="radio"/> Name <input type="radio"/> COBRA	<input type="checkbox"/> Cancel Coverage <input type="radio"/> Policy Holder <input type="radio"/> Dependent(s)
Reason for Change		<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____	
Requested Effective Date		Date of Employment	
/ /		/ /	