



A National Vision, Dental and Hearing Company

Empty rectangular box for stamp or signature.

### AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

**PLEASE PRINT LEGIBLY**

Underwritten by Fidelity Security Life Insurance Company *Kansas City, Missouri*

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			/ /

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 / /
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A-00713

M-9059/M-9069/M-9086

#### TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> <b>New Enrollment</b>	<input type="checkbox"/> <b>Add</b> <input type="radio"/> Dependent(s)	<input type="checkbox"/> <b>Change</b> <input type="radio"/> Address <input type="radio"/> Phone <input type="radio"/> Name <input type="radio"/> COBRA	<input type="checkbox"/> <b>Cancel Coverage</b> <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 / /		