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****Please fax or email completed form to eligibility:**
 Fax: 855-591-3558 Email: eliggroup@avesis.com

PLEASE PRINT LEGIBLY

VISION CARE EMPLOYEE ENROLLMENT FORM

Underwritten by Fidelity Security Life Insurance Company Kansas City, Missouri

Policy No. VC-76

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

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		
/ /	/ /		