avēsis
ESSENTIAL BENEFITS

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

VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

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
/ /	- -	☐ Male ☐ 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 FIRST	LAST	Date of Birth
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.
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature	*Date* / /

A-00713KY(4/04) M-9059

TO BE COMPLETED BY THE EMPLOYER

☐ **New Enrollment**	☐ **Add** ○ Dependent(s)	☐ **Change** ○ Address ○ Name ○ Phone ○ COBRA	☐ **Cancel Coverage** ○ Policy Holder ○ Dependent(s)

Reason for Change ☐ Employment Status
☐ Qualifying Event: (PLEASE STATE) _____

Member Effective Date / /	*Date of Employment* / /