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

## AVĒSIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

Underwritten by Fidelity Security Life Insurance Company Kansas City, Missouri

**PLEASE PRINT LEGIBLY**  
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
Spouse/Domestic Partner		/ /
Child		/ /

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

By signing below, I agree to receive all documents and correspondence electronically and that I can access the internet or the email address provided. I understand that I may revoke this authorization or request specific paper documents without revoking this authorization by contacting the Company {or Administrator} by mail, email, or telephone.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

Signature	Date / /
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**TO BE COMPLETED BY THE EMPLOYER**

<input type="checkbox"/> <b>New Enrollment</b>	<input type="checkbox"/> <b>Add</b> <input type="radio"/> Dependents	<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)
<b>Reason for Change</b>		<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____	
Requested Effective Date / /		Date of Employment / /	