



A National Vision, Dental and Hearing Company

Family Lives - Shriver Nursing Home
30790-1238
962

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, Street Address, Apartment No., City, State, Zip Code

Do you wish to cover your eligible dependents? If yes, complete the following:

Table with columns: Spouse / Domestic Partner, Child, Date of Birth, FIRST, LAST, Dependent Name

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

New Enrollment, Add, Change, Cancel Coverage, Reason for Change, Requested Effective Date, Date of Employment