avēsis
a GUARDIAN company

☐ I am Waiving Vision Insurance

AVĒSIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company Kansas City, Missouri

Policy No. VC-16

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	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)

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.

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 ☐ Dependents	☐ Change ☐ Address ☐ Phone ☐ Name ☐ COBRA	☐ Cancel Coverage ☐ Policy Holder ☐ Dependent(s)

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

Requested Effective Date	Date of Employment
/ /	/ /