Avēsis
A National Vision and Dental Company

Advantage Vision Care

Underwritten by Fidelity Security Life Insurance Company
Kansas City, Missouri
Policy No. VC-16/VC-23

EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Employee Name _____ Date of Birth _____
Last First MI

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Sex ❒ Male ❒ Female

Employer Group Name Marshall County Schools

Do you wish to cover your eligible Dependents? ❒ Yes ❒ No

If yes, complete the following:

	Name	Date of Birth		Name	Date of Birth
Spouse			Child		
Child			Child		
Child			Child		
Child			Child		

I authorize deductions from my earnings at the required contributions towards the cost of the coverage. I certify that I am eligible to participate and that the above information is correct.

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.

Date _____ Signature _____

A-00713KY M-9004/M-9059

Group Number 30790-342 Sub-Group (if applicable) _____ Plan Number 962

❒ **New Enrollment**

❒ **Add/Change**
__ Dependent
__ Address/Phone
__ Name
__ Cobra

❒ **Cancel Coverage**
__ Policy Holder
__ Dependent(s)

Reason for Change: ❒ Employment Status ❒ Qualifying Event

Please State Qualifying Event: _____

Member Effective Date: _____ Date of Employment: _____

By signing above, I understand and agree that I must remain enrolled during the Benefit Plan period.