



A National Vision and Dental Company

Hancock County Board of Education
30790-1521
924P

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 (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:

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

[ ] 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. 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.

Signature, Date

A-00713KY

M-9004/M-9059

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

TO BE COMPLETED BY THE EMPLOYER

[ ] New Enrollment, [ ] Add Dependent(s), [ ] Change (Address, Phone, Name, COBRA), [ ] Cancel Coverage (Policy Holder, Dependent(s))

Reason for Change, [ ] Employment Status, [ ] Qualifying Event: (PLEASE STATE)

Member Effective Date, Date of Employment