avēsis
ESSENTIAL BENEFITS

Dallas County
Group Number: (assigned)
Plan Number: 976

☐ **I am Waiving Vision Insurance**

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:

	Dependent Name FIRST	LAST	*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)

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

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

Requested Effective Date / /	*Date of Employment* / /