



Hancock Co Schools

30790-1521

Effective Date:

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)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.

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(4/04)

M-9059

TO BE COMPLETED BY THE EMPLOYER

☐ New Enrollment	☐ Add ☐ Dependents	☐ 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			

3/18 REV03