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 State of Iowa Employees

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.

Date _____ Signature _____

A-00713 M-9004/M-9059

THESE FIELDS MUST BE COMPLETED: Employee Phone Number: _____

Dept Number: _____ Dept Name: _____ Position: _____

Group Number 60790-1232 Sub-Group (if applicable) _____ Plan Number 963NC

❒ **New Enrollment**

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

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

RATES:	
EO	**$9.98**
E + 1	**$18.96**
E + CH	**$20.66**
E + F	**$26.56**

Reason for Change: ❒ Employment Status ❒ Qualifying Event

Please State Qualifying Event: _____

Member Effective Date: _____ Date of Employment: _____

Send Form or Fax to:
Two Rivers Insurance Services
214 N. Main Street
P.O. Box 746
Burlington, IA 52601
Fax: 319-758-8521

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