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 Cornell College

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

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Group Number 60792-1009 Sub-Group (if applicable) _____ Plan Number 986

❒ **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.