VISION INSURANCE

Underwritten by National Guardian Life Insurance Company
Administered by:
Superior Vision Services
11101 White Rock Road, Suite 150
Rancho Cordova, CA 95670

Enrollment / Change Form

Please print and complete all sections.

GROUP/EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name or coverage)

Group Name	Group Number	Location	Effective Date	Date of Hire
City of Emporia	31319			

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name	First Name	M.I.	Date of Birth	Social Security Number

Home Street Address	City/State/Zip	Home Phone	Work Phone
		( )	( )

Email Address	Cell Phone
	( )

ELECTION(S)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Waived due to other coverage	Waive
☐	☐	☐	☐	☐	☐

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name or coverage)

☐ A ☐ T ☐ C	Sex	Name	First Name	M.I.	Date of Birth	Child unmarried and full-time student or handicapped?
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (spouse)	First Name	M.I.	Date of Birth	
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐Yes ☐No

Do you or any of your dependents have other vision insurance? ☐ Yes ☐ No

If yes, please give: Policyholder ______________ and Insurance Company _________________.

Declination of coverage must be accompanied by the Employee's signature above.

Employee Signature: ______________________________________ Date: ______________

Fraud Warning Statement: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.