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	a GUARDIAN° company	

□ I am Waiving Vision Insurance

AVESIS ADVANTAGE Underwritten by Fidelity Se					RM PLEA	ASE PRINT LEGIBLY Policy No. VC-1	
TO BE COMPLETED E	BY THE EMPL	OYEE					
Employee Last Name			Employee First No			MI	
Date of Birth		ial Security Number		Sex	☐ Male	☐ Female	
Street Address						Apartment No.	
City			Sto	ate	Zip Code	-1	
Do you wish to cover your of yes, complete the follow	-	ents?	□ No				
		Dependent Name					
Spouse/Domestic Partner				1 1 1 1			
Child				1 1 1 1			
Child							
Child							
Child	1 1 1 1 1						
Child							
Child						1	
☐ I would like to cover ac Any person who knowingly an tatement of claim containing act material thereto commits	nd with intent to de any materially fal	efraud any insurance lse information or col	e company or othe nceals, for the purp	r person file. pose of misle	s an application eading, informat	ion concerning any	
I authorize deductions fro	m my earnings	at the required co	ntirubtions towa	rds the cos	st of the covera	age.	
Signature					Date	/ /	
u-00713					M	-9059/M-9069/M-908	
TO BE COMPLETED E					_		
☐ New Enrollment	☐ Add ○ Dependents	☐ Change ○ Address ○ Name	PhoneCOBRA		Cancel CoPolicy HoldDependen	der	
Reason for Change	☐ Employment ☐ Qualifying E	t Status vent: (PLEASE STATE) —					
Requested Effective Date	1 1	7 : 7 : :	Date of Emp	ployment	111	7 7	