Enrollment/Change Form

VISION INSURANCE

Underwritten by National Guardian Life Insurance Company

Administered by: ExcelVision

P.O. Box 52718, Phoenix, Arizona 85072

Please print and complete all sections.

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

Policyholder Name	Group Number	Location	Effective Date	Date of Hire

☐ 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 ( )

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

☐ 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	Child unmarried and full-time student or handicapped? ☐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

NOTE for Vision: Members that waive coverage at initial enrollment (within 31 days of effective date) or in the new eligibility period and/or terminate coverage are restricted to vision exams for 12 months.

Employee Signature: _____ Date: _____

I elect the following Vision Coverage(s):

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

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

If yes, please give: Policyholder_____ and Insurance Company _____

Is this Policy replacing an existing Policy? ☐ **Yes** ☐ **No** **If Yes, provide name of Policy being replaced:** _____

Declination of coverage must be accompanied by the Employeeôs signature above.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.