Gerber Life Insurance Company

VISION PLAN ENROLLMENT FORM

For New Enrollment Only – Please Submit This Form to Your Employer

Insured Effective Date:

INSURED INFORMATION

Last Name		First Name		MI
Address		Social Security No.	Date of Birth (mm/dd/yyyy)	Sex
City	State	Zip Code	Date of Hire	
Employer Name		Group Number		

Eligible dependents are your spouse, domestic partner and unmarried children within the ages stated in your policy. Coverage granted to individuals listed hereon shall be subject to all provisions and limitations of the Vision Plan Certificate.

LIST BELOW ALL ELIGIBLE DEPENDENTS TO BE COVERED

Effective Date	Last Name	First Name	MI	Relationship	Sex	Date of Birth (mm/dd/yyyy)	Full-time Student?
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

Every eligible person must sign this enrollment form. If you are declining coverage for yourself or dependents, please complete the section below:

WAIVER OF COVERAGE

I have been given the opportunity to apply for my company's group vision insurance and have decided to proceed as follows:

- ☐ I am applying for myself only and declining dependent coverage.
- ☐ I decline coverage on dependents and myself.
- ☐ Other:

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

I hereby enroll for group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary

SIGNATURE: ____ DATE: ____________________

NOTE TO GROUP ADMINISTRATORS

All additions or changes to the original group enrollment should be reported on the Eligibility Control Form and submitted with your monthly premiums.

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