



# Enrollment Form

## Employee Benefits

(Please type or print in ink. This form may be photocopied or duplicated)

Underwritten by: National Guardian Life Insurance Company

Administered by: **Superior Vision Services, Inc.**, 11101 White Rock Road, Suite 150, Rancho Cordova, CA 95670

Effective Date \_\_\_\_\_ Company **Associated Universities, Inc.** City \_\_\_\_\_

Group Number **28769** State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>TO BE COMPLETED BY EMPLOYEE (Please Print)</b>					
Name _____		Last _____		First _____ MI _____	
Social Security Number _____			Sex _____		
Employee's Address _____					
City _____		State _____		Zip Code _____	
Birth Date _____		Age _____		Marital Status _____	
Home Phone _____			Work Phone _____		
Permanent Full-time Date Employed _____			Hours Worked Per Week _____		
<b>EMPLOYEE ELECTION(S)</b>			<b>DEPENDENT ELECTION(S)</b>		
Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	One Dependent <input type="checkbox"/>	Family <input type="checkbox"/>	None <input type="checkbox"/>
<b><u>NAME OF DEPENDENT(S)</u></b>	<b><u>RELATIONSHIP</u></b>		<b><u>DATE OF BIRTH</u></b>		
_____	_____		_____		
_____	_____		_____		
_____	_____		_____		
_____	_____		_____		
<p>Application must be made within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If plan is contributory, this form <b>MUST</b> be signed and dated to authorize payroll deductions. <b>Should you decline coverage(s), you MUST complete the bottom of this form.</b> I represent that my answers and statements are correct to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p>Do you or any of your dependents have other vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, please give: Policyholder _____ and Insurance Company _____.</p>					
Signature of Employee _____				Date _____ / _____ / _____	