

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

Employee Benefits VISION INSURANCE

Change Form

Please print and complete all sections. See instructions below.

EMPLOYER/EMPLOYEE INFORMATION

T: Terminate C: Change (change of name or coverage)

Employer Name Davidson County Schools		Group Number 27440	Location	Effective Date	Date of Hire
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth	Social Security Number
Home Street Address		City/State/Zip		Home Phone ()	Work Phone ()

FAMILY INFORMATION (Only those eligible may be enrolled.)

A: Add (enroll) T: Terminate C: Change (change of name or coverage)

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse/domestic partner)	First Name	M.I.	Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth

I elect the following coverage(s):

- Vision**
- EE \$ _____
- E+1 \$ _____
- EF \$ _____
- Waived

Declination of coverage must be accompanied by the employee's signature below.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

If yes, please give: Policyholder _____ and Insurance Company _____.

Employee Signature: _____

Date: _____