Avesis

Advantage Vision

A National Vision and Dental Company

Decatur County Schools - Bainbridge, Georgia

VISION CARE PLAN EMPLOYEE ENROLLMENT FORM

☐ Change ☐ Add ☐ Terminate Effective Date _____

Group Number 30813-08 Plan Number 924 Division All

Employer Group Name Decatur County Board of Education - Bainbridge, Georgia

Date of Employment _____ School Location: _____

Employee Name _____ Date of Birth _____
Last First MI

Address _____ City _____ State _____ Zip _____

Social Security Number _____ ☐ Male ☐ Female

Do you wish to cover your eligible Dependents? ☐ Yes ☐ No

If yes, complete the following: e-mail: _____ Phone: _____

Last I First	MI	Date of Birth	Last First	MI	Date of Birth
Spouse			Child		
Child			Child		
Child			Child		
Child			Child		

I hereby **apply** for coverage under Avesis Third Party Administrators, Inc. for which I am now entitled or may become entitled under the provisions of the plan. I authorize deductions from my earnings at the required contributions towards the cost of the coverage. I certify that I am eligible to participate and that the above information is correct. I agree that once enrolled I will remain enrolled during the designated plan period.

☐ I hereby **decline** coverage offered to me by the DCBOE Vision Plan as marked during enrollment. I hereby authorize my employer, until this authorization is revoked by written notice, to deduct each month from any earned wages due me, the amount applicable to the coverage selected.

Date _____ Signature _____

Ed: 062013