



SUPERIOR VISION

**VISION INSURANCE**  
**Underwritten by National Guardian Life Insurance Company**  
 Administered by:  
**Superior Vision Services**  
**11101 White Rock Road**  
**Rancho Cordova, CA 95670**



## Enrollment / Change Form

Please print and complete all sections.

GROUP/EMPLOYEE INFORMATION    A: Add (enroll)   T: Terminate   C: Change (change of name or coverage)											
Group Name <b>Greenwood Public Schools</b>				Group Number <b>30667</b>		Location		Effective Date		Date of Hire	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> 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 (     )	

<u>ELECTION(S)</u>					
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Waived due to other coverage	Waive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION (Only those eligible may be enrolled.)   A: Add (enroll)   T: Terminate   C: Change (change of name or coverage)						
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Child unmarried and full-time student or handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature: _____	Date: _____
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<p><b>Do you or any of your dependents have other vision insurance?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please give: Policyholder _____ and Insurance Company _____.</p> <p>Declination of coverage must be accompanied by the Employee's signature above.</p>
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**Fraud Warning Statement:** 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 any materially 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 may subject such person to criminal and civil penalties.