

VISON PLAN ENROLLMENT CARD

SECURITY LIFE INSURANCE COMPANY OF AMERICA

Social Security Number	Last Name	First	M.I.	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Birthdate (MM/DD/YY)	Home Address			
City, State, Zip		Home Phone	Work Phone	
Email Address			Hire Date	

LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW									
Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)	Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse					Child				
Child					Child				
Child					Child				
Child					Child				

Group Vision Coverage is provided under Group Vision Policy GH-1157 (policyholder may be a trustee group policyholder in some states) insured by Security Life Insurance Company of America, Minnetonka, Minnesota. By my signature below, I hereby apply for Vision coverage. I certify I have read the applicable Fraud Notice below. I hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing.

Signature _____	Date _____	Administrative Use Only			
Group Name	Group #	Coverage Eff. Date	Plan #	Agent/Broker #	
Dominion Dental Services USA Inc., P.O. Box 75314 Charlotte, NC 28275-5314					

Fraud Warnings: Non-State Specific- Any person who knowingly presents a false or fraudulent claim for payment of 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. **Maryland**- Any person who knowingly presents a false or fraudulent claim for payment of 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. **Pennsylvania**- 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. **Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.