Superior Vision Our Members, Our Mission.

VISION INSURANCE

Underwritten by National Guardian Life Insurance Company

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



Enrollment Form

Please print and complete all sections.											
GROUP/EMPLOYEE INFORMATION											
Employer Name			Group Number	Location	Location		Effective Date		Date of Hire		
Pearl Public School District											
Sex Last Name			First Name			I. Date of Birth		Social S		ity Number	
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Home Street Address		Спромистем			(`		()		
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Email Address									Cell Phone		
ELECTION(S)											
Employee Only Employee + Spouse Employee + Child(ren) Employee + Family											
FAMILY INFORMATION (Only those eligible may be enrolled.)											
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Employee Signatures											
Linbio	Employee Signature: Date:										

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.