

# VOLUNTARY VISION

# Enrollment Form

Offered by: Brokers National Life Assurance Company  
Underwritten by: Security Life Insurance Company of America

## EMPLOYER INFORMATION

Employer Name	Policy #	Date of Hire
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## EMPLOYEE INFORMATION

New Enrollment    Family Addition    New Hire    Re-hire    Decline    Termination – Reason:

Last Name	First Name	M.I.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	Birth Date
Home Street Address				Home Phone (        )	
City	State	Zip	Work Phone (        )		

## FAMILY INFORMATION      List only those eligible family members who are enrolling.

Relationship	Sex	Last Name	First Name	M.I.	Birth Date	Full-Time Student?
	M / F					Y / N
	M / F					Y / N
	M / F					Y / N
	M / F					Y / N

### IMPORTANT FRAUD NOTICES

**ARKANSAS** – 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.

**COLORADO** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**KENTUCKY** – Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance 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.

**LOUISIANA** – 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 a fine and confinement in prison.

**OHIO** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**PENNSYLVANIA** – 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 subjects such person to criminal and to civil penalties.

I authorize my employer to deduct any required contribution from my paycheck throughout the term of the Policy between my employer and Security Life Insurance Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Form #S10553

Billing & Marketing by: **Brokers National Life Assurance Company** (800) 798-1125

Plan #80112