

Vision Change Form

Group Name: _____

Group #: - _____

Action: **A** - Add **C** - Change **T** - Termination

Type of Coverage: **EE** **DEP** **CHD** **FAM**

Employee's SSN	Employee's Name	Action	Effective Date	Type of Coverage	Monthly Premium	Number of Months if retroactive	Total Premium including adjustments
SUBTOTAL OF CHANGES (Additions / Changes / Terminations)							\$

- To add, change, or terminate coverage for an employee, complete this form and return two copies to Avesis along with your payment (make checks payable to FIDELITY SECURITY LIFE) and a copy of your "Billing Invoice."
- Deduct the "Subtotal of Changes" from the "Total Amount Due" (on your "Billing Statement Summary") and remit the "Adjusted Amount."
- For all additions and changes, attach completed enrollment forms.

Send Payment, Invoice, & Forms to:
 Avesis Third Party Administrators, Inc.
 P.O. Box 52718
 Phoenix, AZ 85072

PREMIUM REMITTANCE CALCULATION	
Total Balance Due	\$ _____
Subtotal of Changes (+ or -)	\$ _____
Adjusted Amount Due	\$ _____
Remit this amount	