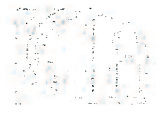




KRTA Vision Enrollment Form



| Please complete the information below. | | | | | | |
|--|--------------------------------|----------------------------------|--|-----------------------------------|-------|---------------------|
| Group Number 30790-1368 | | Plan Number 963NC | | Effective Date January 1, 2017 | | |
| Social Security Number | | Name –Last | | First | MI | Home Phone () |
| Sex M F | Date of Birth MO / DAY / YR | Home Address – Number and Street | | City | State | Zip |

Check the type of contract and list all covered dependents below, if applicable:

Member Only
 Member Plus One
 Member Plus Family

| COVERED DEPENDENTS List all Covered Dependents below. | | | | | | | |
|---|-------|----|---------------|-----|----|-----|---|
| Last | First | MI | Date of Birth | | | Sex | |
| | | | MO | DAY | YR | M | F |
| Spouse: | | | | | | | |
| Dependent: | | | | | | | |
| Dependent: | | | | | | | |

Payment is due at time of enrollment and has to be annual payment. Benefit Period January - December

Paper Check or Money Order

* Make personal check/Money Order payable to:

KRTA Vision Plan

Annual payment only

KRTA Contract Provisions: Please carefully read the Contract Provisions below. Signature required

Important: I hereby apply for coverage under Avesis, Third Party Administrators, Inc. for which I am now entitled or may become entitled under the provisions of the plan. The plan is underwritten by Fidelity Security Life Insurance Company. You may not terminate this contract prior to the end of the term. Your Covered Dependents will terminate on your termination date. Covered Services are eligible for payment only if your contract is in effect at the time such services are provided.

I acknowledge that I have read the provisions of this enrollment form and I expressly accept such provisions as a condition of coverage. I understand that on my anniversary date I can renew or cancel or change how I pay my premium. I represent the answers given to all questions on this form are true and accurate to the best of my knowledge and I understand they are being relied on by Avesis in accepting this form. Any material misrepresentation found in this application may result in denial of benefits or cancellation of my coverage(s). Any person who knowingly and with intent to defraud any insurance company 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.

Applicant Signature _____ Date _____

Please make a copy for your records and return the original with payment to:

PlanChoice

13257 O'Bannon Station Way. Louisville, KY 40223

Phone: 1-800-466-5182 x2677. Fax: 1-502-459-3388, Email: KRTA@planchoice.com