

Utility Code# 1283

**Vision Application 2008**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Social Security #:	Last Name:	First Name:	M.I.:
Address:			
City:	State:	Zip Code:	Phone #: ( ) -
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	Age:	Business Phone #: ( ) -

**DEPENDENT INFORMATION**

NAME:	FIRST	M.I.	LAST	GENDER	DATE OF BIRTH
<b>SPOUSE:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	
<b>CHILD:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	
<b>CHILD:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	
<b>CHILD:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	
<b>CHILD:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	
<b>CHILD:</b>				<input type="checkbox"/> M <input type="checkbox"/> F	

**PLAN INFORMATION**

Total Number of Dependents Covered:	Employee ID:	E-Mail Address:
Department Name:	Group Number:	Agent Number: A73157864
		Policy Effective Date:

**PLEASE CHECK YOUR CHOICE FOR VISION COVERAGE**

Single \$ 7.25  
 Employee + 1 \$ 13.13  
 Employee + Family \$ 19.63

**SEND TO:** DENNIS KROL INSURANCE  
 PO BOX 1818  
 FRANKFORT, KY 40602-1818  
 www.denniskrolinsurance.com

CALL: 800.467.5765 OR 502.875.3477  
 FAX: 502.875.3615  
 EMAIL: krolinsurance@bellsouth.net

**AUTHORIZATION**

**I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY of Louisville and authorize my employer to deduct from my earnings any required contribution for the insurance to which I am or may become entitled. I am employed by the employer listed above and regularly work and, at present I am working at least 30 hours per week for this employer at a regular place of business or other location to which I am required to travel to perform my regular duties for this employer. I hereby represent that all answers above are true and complete to the best of my knowledge and belief.**

*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.*

Applicant's Signature:	Date:
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