EyeMed
VISION CARE

Enrollment/Change Form

Please print and complete all sections. See Instructions below.

EMPLOYER INFORMATION

Group Number	Employer Name	Location Code		Effective Date

EMPLOYEE INFORMATION: **A**: Add (enroll) **T**; Terminate **C:** Change (change of name, address, or phone)

[ ] **A** [ ] **T** [ ] **C**	Sex [ ] **M** [ ] **F**	**Last Name** (Employee or subscriber)	**First Name**	**M.I.**	**Date of Birth**
Social Security Number		Home Street Address	City/State/Zip		Home Phone ( )

Elections: Please check one	[ ] Enroll in Medium Option Plan	[ ] Waive Coverage

FAMILY INFORMATION: (Only those eligible may be enrolled)

[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Spouse)	First Name	M.I.	Date of Birth	Social Security #
[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Dependent)	First Name	M.I.	Date of Birth	Social Security #
[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Dependent)	First Name	M.I.	Date of Birth	Social Security #
[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Dependent)	First Name	M.I.	Date of Birth	Social Security #
[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Dependent)	First Name	M.I.	Date of Birth	Social Security #
[ ] A [ ] T [ ] C	Sex [ ] M [ ] F	Last Name (Dependent)	First Name	M.I.	Date of Birth	Social Security #

Employee Signature: **Date:**

Important Notes:

- **If I have waived the vision coverage, and elect coverage at a later date, enrollment delays may apply.**
- **Your plan includes a One Year Lock-In/Lock Out Provision – Your election to enroll in or waive Vision coverage must remain in effect until your plan's next annual vision enrollment period.**

Instructions

Employer Name: legal name of the employer.
Group Number: provided by EyeMEd or EyeMEd representative
Location Code: optional field for employers to track multiple locations.
Effective Date: date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new additions during contract period.

Family Information: list only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.
A - Add: Open enrollment or new hire enrollment during the contract period.
T – Terminate: To terminate enrollment.
C – Change: A change of name, employee address or employee phone.