EyeMed VISION CARE®

Enrollment/Change Form

Please print and complete all sections. See instructions below.

EMPLOYER INFORMATION				
Group Number	Employer Name Claims Verification Inc.	Location Code	Division Code	Effective Date 10/1/2009

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)						
☐A ☐T ☐C	Sex ☐ M ☐ F	Member ID	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth
Social Security Number	Home Street Address		City/State/Zip			Home Phone ( )

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)						
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
☐A ☐T ☐C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number

Employee Signature: _________________________________ Date:_____________________

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 adds 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 (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name, employee address or employee phone.

Attention Benefits Administrators:

This enrollment card has been provided to assist you in capturing member information for electronic data submission to EyeMed. EyeMed does not accept these hard copy enrollment cards for member adds, changes, or deletes.

Once you elect EyeMed vision coverage, you cannot cancel for a 12 month period based upon your enrollment date. Deductions are adjusted according to payroll frequency. I understand that future rates for **24 month** renewal of this plan will be negotiated between my employer and EyeMed Vision Care.