

INDIANA STATE UNIVERSITY VISION PLAN ENROLLMENT FORM

United Healthcare Visiontm

Please Check One:

- New Coverage
- Adding Dependents
- Deleting Dependents
- Special Enrollment
- Open Enrollment
- Premium Conversion Change
- COBRA
- Terminate Coverage

Staff Benefits Use

Reduct _____ Deduct _____
 Single _____ Family _____
 Effective/Cancel Date _____

Name: _____

Last
First
Initial

Employee 991#: _____

Address: _____

Street
City
State
Zip
Phone

Birthdate: _____ **Gender:** Male Female Other Single Married SSDP **Coverage Effective Date:** _____

DEPENDENTS TO BE ADDED / DELETED - If deleting, reason for deletion

Add	Delete	Last Name	First Name	MI	Date of Birth	Gender	Relationship

PREMIUM CONVERSION PROGRAM

- Under Section 125 of the Internal Revenue Code, employees may use pre-tax dollars to pay premium rates, thereby reducing taxable income for federal, state, local and Social Security taxes. Along with a reduction in Social Security taxes, participation in this program may also reduce Social Security income at retirement/disability if an employee's salary is below the Social Security Wage Base.
- Each calendar year, you have the opportunity to evaluate your previous decision and make a change by completing a new form.
- For coverage that includes a same-sex domestic partner, only the employee portion of the premium is eligible to be deducted before taxes; the balance will be deducted after taxes per Internal Revenue Code guidelines.

Please select an option below:

REDUCT (Before Taxes) DEDUCT (After Taxes)

Employee Signature _____ **Date** _____