

# Davis Vision Enrollment Application

Employee (Member) Information (Please Print)



|   |  |                                   |  |   |   |
|---|--|-----------------------------------|--|---|---|
| Employer/Group Name                                       |  | Reason For Application:           |  |   |   |
|   |  | <input type="checkbox"/> Addition | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Termination    |   |
|   |  | <input type="checkbox"/> Change   | <input type="checkbox"/> COBRA         | <input type="checkbox"/> Waive Coverage |   |
| Employee (Member) First Name / Middle Initial / Last Name |  |                                   |  |   |   |
| Mailing Address   |  |                                   | City                                   | State                                   | Zip code  |
| Employee (Member) Identification Number                   |  | Effective Date                    |  | Employee Status                         |   |
|   |  | Month                             | Day                                    | Year                                    | Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> |
|   |  |                                   |  | Retired (Date) _____                    |   |
| Employee Phone Number                                     |  |                                   | Employee Hire Date                     |   |   |
|   |  |                                   | Month                                  | Day                                     | Year  |

Check Type of Coverage:

Employee Only

Employee and Spouse or Domestic Partner

Family

Employee & Child

Employee & Children

To be completed by Account Administrator or Human Resources representative only:

Group Number \_\_\_\_\_

Payroll Code \_\_\_\_\_

Subgroup Code \_\_\_\_\_ Plan Code \_\_\_\_\_

Please indicate the change(s) that you need to make to your record:

|  |  |   |  |  |   |   |
|--|--|---|--|--|---|---|
| <input type="checkbox"/> Change of Name    | <input type="checkbox"/> Change Birthdate      | <input type="checkbox"/> Change Report Code | <input type="checkbox"/> Change in Group | <input type="checkbox"/> Change Enrollment | <input type="checkbox"/> Employee/Children                      | <input type="checkbox"/> Employee and Child |
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Change Effective Date | Existing _____                              | Number _____                             | Status to:                                 | <input type="checkbox"/> Employee and Spouse / Domestic Partner | <input type="checkbox"/> Family             |
| <input type="checkbox"/> Change of Phone   |  | New _____                                   | Existing _____                           | <input type="checkbox"/> Employee Only     |   |   |
|  |  |   | New _____                                |  |   |   |

| Complete If Applicable  | First Name / Middle Initial / Last Name | Social Security Number | Change   | Effective Date of Change |    |    | Sex<br>F/M | Check If        |          | Birth Date* |    |    |
|---|---|------------------------|----------|--------------------------|----|----|------------|-----------------|----------|-------------|----|----|
|   |   |                        |          | MM                       | DD | YY |            | Student Over 19 | Disabled | MM          | DD | YY |
|   |   |                        |          |                          |    |    |            |                 |          |             |    |    |
| Self  |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dom. Part |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |
| <input type="checkbox"/> Child<br><input type="checkbox"/> Other      |   |                        | Add Term |                          |    |    |            |                 |          |             |    |    |

"I certify that this enrollment information is true and correct."

\* Required for all members/dependents

Member/Employee Signature \_\_\_\_\_

Date \_\_\_\_\_