enrollment/change/waiver Group Insurance Form





Policy and Div. # 010-		ta a samitarras.		Qualifying Event				Date of Event	
Cert. #Name and Address of Employer (Policyholder)									
I to enroll ☐ Eye Care ☐ To termina Employee Information Marital Status ☐ Single ☐ Married ☐ Civil Union* Social Security number	☐ Dome	stic Part	ner* *As defined						
Social Security number Employee's last name, first name, MI									
Date of birth Male Fer							Rehire dat		
Occupation									
Street address_									
E-mail address (limit of 60 characters)									
Are you covered under another eye care insurance pl	an?			.Employ	ee:	Yes No	Depe		es 🗌 No
Dependent Coverage Information List all eligible			added or delete	d. (Emplo	yee m	ust be enrolled	to cover d	ependents)	
Print full legal name (last, first. MI)	Eye C	are drop	Relations	ship	Sex	Date of birt	h Soc	ial Security no.	College student?
1									
2									
3									
4									
5									
up for coverage until the next enrollment period except I have read and understand. I represent that the inforcertifies the date of employment, job title, hours work	rmation I h ed and sal	ave prov ary infor	vided is comple mation are cor	ete and a rect acco	ccura rding	te to the best to the Policyho	of my know older's reco	wledge. The po ords.	llicyholder
X Employee Signature (do not print)	Date		X Policyholde	r Signatur	e (do r	not print)		Date	
In several states, we are required to advise you of the foing information in an application for insurance, or who and may be subject to fines and criminal penalties, incluapplicant is materially related to a claim. (State-specific	ollowing: Ar knowingly uding impri	ny persor presents sonment	n who knowingly s a false or frat In addition, in:	and with and with	inten aim fo	it to defraud pr or payment of a	ovides false a loss or be	e, incomplete, o enefit, is guilty (of a crime
Employee late entrant date	Effect	ive Date	e Date			Dep. Code			
Dependent late entrant date									
2 to change ☐ Name Change New Name				Old	Nam	е			
☐ Add Dependent Coverage ☐ If due to marriage, what is the date of marriage									
$\hfill \square$ If due to loss of coverage, date and reason: $\hfill _$									
☐ If other, the date of event and please explain:									
☐ Drop Dependent Coverage Number of dep ☐ Due to divorce ☐ Due to death ☐ Due	to annual e	election	period Ex	ceeds ma	aximu	m age to qual	fy as depe	ndent	
Other (please explain)									
to waive If you do not want coverage, complete. I have been given an opportunity to apply for myself (does not apply to TRUST policies) spo	Group Insu	irance of	fered by my em	ployer, an	d hav	e decided not t	o accept th	e offer for:	
because									
Name of insurance company and employer of dependence Should I desire to apply for this group insurance in the	ent e future, I r	ealize th	at a "late entra	nt" penal	ty ma	y be applied.			

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: 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 and subjects such person to criminal and civil penalties.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington, D.C. Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- Policy Name and Group Number to make sure plan members are added to the correct group.
- **Department/Division Numbers** so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- Social Security Numbers the most important identifier for plan members when calling in with claims or administrative questions.
 Please double check to make sure your social security number is accurate and written clearly.
- Full-time Employment Date needed so the correct effective date is calculated for new members.
- Class Number needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes — When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.