



MMEHT OFFICE USE ONLY					
Subgroup No.					
Effective Date					
Status					
Entered by:					

VISION PLAN APPLICATION ENROLLMENT/CHANGE FORM PLEASE PRINT

1.	Employer			Enrollment Reason:				
	□ New Hire							
EMPLOYER SECTION	Data of Employment	Hours worked nor wee		Newly Eligible on (date & reason)				
OLOTION	Date of Employment	Hours worked per weel	1 -	☐ New Group (initial enrollment) ☐ Open Enrollment				
			l I	☐ Open Enrolline				
	_							
2. PLAN CHOICE	I elect to be insured at the Employee Only Employee/Spouse Employee/Child Family level of coverage and hereby authorize my employer to withhold from payroll the amount necessary to make coverage effective.							
3.	Employee Legal Name Date of Birth			Gender Social Security Number				
Name,] Male ☐ Female					
ADDRESS	' I I I NON-BINARY I							
& TELEPHONE	Mailing Address			Home Pho	one:			
					Cell Phone:			
	Town State Z			Work Phone:				
4.	Type of change: ☐ Address change ☐	Name change – provid	le previo	nie name:				
	Add dependent(s) list	• .	ie previo			ed below in sect	tion 5	
CHANGE	_ ' ' ' '			□ Біор дере	indenit(s) liste	ed below iii seci	1011 5	
STATUS	Reason for change: Date of change or eve			□ Court /	order			
	☐ Adoption ☐ Birth ☐ Court order ☐ Covered by other insurance ☐ Death ☐ Discharge from the Military ☐ Divorce ☐ Dissolution of Domestic Partnership ☐ Entrance to the Military							
	☐ Divorce ☐	Dissolution of Domest	ic Partne	. —		tary		
	☐ Divorce ☐ ☐ Involuntary loss of coverage ☐	Dissolution of Domest Marriage		Other				
You may ap	☐ Divorce ☐ ☐ Involuntary loss of coverage ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Dissolution of Domest Marriage partner (DP) (IF your e	employe	Other	efit and the	Trust receives	a completed	
You may ap	☐ Divorce ☐ ☐ Involuntary loss of coverage ☐	Dissolution of Domest Marriage partner (DP) (IF your e	employe	Other Other offers this bendren between bi	efit and the	Trust receives ears of age.	a completed	
You may ap	☐ Divorce ☐ ☐ Involuntary loss of coverage ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Dissolution of Domest Marriage partner (DP) (IF your or rifying qualification) a	employe and child Da	Other offers this bendren between bitte of Birth	efit and the rth and 26 ye	Trust receives ears of age. Gender		
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Email completed form to <a href="https://https