

INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE (Please Print or Type)

| EMPLOYER (GROUP) NAME | | GROUP NO. | | | | |
|--------------------------------------|--------|---|----|---------------|--|--|
| EMPLOYEE LAST NAME | FIRST | | МІ | DATE OF BIRTH | | |
| STREET ADDRESS | CIT | Ϋ́ | | STATE ZIP | | |
| SOCIAL SECURITY NUMBER | GENDER | CONTRACT TYPE REQUESTED Single (S) Employee + Spouse (L) Employee + Child(ren) (E) Family [Employee, Spouse, Child(ren)] (F) | | | | |
| EFFECTIVE DATE OF COVERAGE OR CHANGE | | DATE OF HIRE | | | | |
| | | | | | | |

COMPLETE THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE

PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES

THIS CHANGE IS FOR:

EMPLOYEE

SPOUSE

DEPENDENT(S)

TYPE OF CHANGE: IN NEW ENROLLMENT I CHANGE OF ADDRESS IN AME CHANGE IN REINSTATEMENT CHANGE TO COBRA

□ ISSUE CARD □ CANCEL COVERAGE □ NAME CHANGE, FORMERLY _

| LAST NAME | FIRST NAME | INITIAL | M/F | DATE OF BIRTH | STUDENT (Y/N) |
|-----------|------------|---------|-----|---------------|------------------|
| Spouse | | | | | |
| Dependent | | | | | |

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I HEREBY APPLY FOR ENROLLMENT FOR VISION COVERAGE.

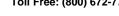
EMPLOYEE SIGNATURE: X ______ DATE: _____

EMPLOYER SIGNATURE: X ______ DATE: _____

www.e-nva.com

NATIONAL VISION ADMINISTRATORS, L.L.C. 1200 Route 46 West Clifton, NJ 07013

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