NMR VISION CARE PLANS
EMPLOYEE ENROLLMENT

A — EMPLOYEE

Group Name ______________________ Hire Date ___/___/___ (Mo. Day Yr.)

☐ **Cobra** (if yes fill in Section D below)

Location or Branch ______________ Employee Class ______________

Social Security Number ___ — ___ — ___

Name: First ______ Middle Initial ______ Last ______

Hours Worked per week ______

Birth Date ___/___/___

Sex ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated

Street Address ______________________

City ______________ State ______________ Zip ______________

B — WAIVER

☐ I decline coverage for ☐ my dependents, due to coverage by my spouse's group plan

☐ *I decline coverage for my dependents because I do not want to contribute to the cost.*

C — DEPENDENT

Spouse Name First Middle In. Last	Sex M F	Birthdate Mo. Day Yr.	Marriage Date Mo. Day Yr
		/ /	/ /

Children Name First Middle In. Last	Sex M F	Birthdate Mo. Day Yr.	If Child is 19 or Over (Check One): Full-Time Student	Disabled
1.		/ /		
2.		/ /		
3.		/ /		
4.		/ /		
5.		/ /		

Total Number of Dependents Enrolling ☐

E — CHANGES

EMPLOYEE

☐ Name Change

List New Name in Section A

Former Name: ______________

DEPENDENT

List Dependents affected by a change in Section B

☐ Add ☐ Delete

Reason For Change:

____

____

____

Effective Date of Change ___/___/___ (Mo. Day Yr.)

Verification: I agree to continue membership in this program during employment and while the program is in force and I agree to comply with the terms of the group contract.

Signature **X** ______________________ Date ______________

D — COBRA

Qualifying COBRA Event:

☐ Termination ☐ Divorced ☐ Medicare
☐ Retirement ☐ Widowed ☐ Overage Dependent
☐ Reduction in hrs. ☐ Surviving Dependent ☐ Legal Separation
☐ Other ______________

Qualifying Date ___/___/___ (Month Day Year)

Social Security Number ___ — ___ — ___

I understand that I may be required by the employer to pay for these benefits.

Signature **X** ______________________ Date ______________

VISION SERVICE PLAN

C:/PM4/PUBLISH/VSP-5 (3/97)