

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"/> New			Check Type of Coverage: Employee Only <input type="checkbox"/> Employee Plus One <input type="checkbox"/> Family <input type="checkbox"/>		
Employee (Member) First Name / Middle Initial / Last Name							
Mailing Address		City	State	Zip code			
Employee (Member) Social Security Number			Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Cobra				
Employee Phone Number			Employee Hire Date Month Day Year				

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

Group Number _____

Payroll Code _____

Branch Code _____

Effective Date _____

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 Enrollment Status to:	<input type="checkbox"/> Employee Plus One
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change Effective Date	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family
<input type="checkbox"/> Change of Phone			

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

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

* Required for all members/dependents

Member/Employee Signature

Date