



Davis VisionTM

Davis Vision Enrollment Application

Employee (Member) Information (Please Print)

Employer/Group Name		Reason for Application:		<input type="checkbox"/> Reinstatement <input type="checkbox"/> COBRA <input type="checkbox"/> Termination	
Employee (Member) First Name/Middle Initial/Last Name		<input type="checkbox"/> Addition <input type="checkbox"/> Change			
Mailing Address		City	State	Zip Code	
Employee (Member) Identification Number		Effective Date		Employee Status	
		Month	Day	Year	<input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employee Phone Number		Employee Hire Date		<input type="checkbox"/> Retired (Date)	
		Month	Day	Year	

Please indicate the change(s) that you need to make to your record:

<input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Phone	<input type="checkbox"/> Change Birthdate <input type="checkbox"/> Change Effective Date	<input type="checkbox"/> Change Report Code <input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Change in Group <input type="checkbox"/> Number Existing <input type="checkbox"/> New	<input type="checkbox"/> Change Enrollment Status to: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Children	<input type="checkbox"/> Employee and Spouse/Domestic Partner <input type="checkbox"/> Employee and Child <input type="checkbox"/> Family
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Complete (if applicable)	First Name/Middle Initial/Last Name	Social Security Number	Change	Effective Date of Change			Sex	Check if	Birth Date*			
				MM	DD	YY			MM	DD	YY	
<input type="checkbox"/> Self			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Spouse			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dom. Part.			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term					<input type="checkbox"/>	<input type="checkbox"/>			

"I certify that this enrollment information is true and correct."
 * Required for all members/dependents
 Type Name of Member/Employee Completing Form
 Date