



# INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE  
(Please Print or Type)

<b>EMPLOYER (GROUP) NAME</b> Grand Blanc Community Schools		<b>GROUP NO.</b> 3309 0000 01 <input type="checkbox"/> 3309 0000 99 <input type="checkbox"/> Cobra	
<b>EMPLOYEE LAST NAME</b>	<b>FIRST</b>	<b>MI</b>	<b>DATE OF BIRTH</b>
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>SOCIAL SECURITY NUMBER</b> — — —	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CONTRACT TYPE REQUESTED</b> <input type="checkbox"/> Single (S) <input type="checkbox"/> Employee + 1 (L) <input type="checkbox"/> Family [Employee + 2 or more] (F)	
<b>EFFECTIVE DATE OF COVERAGE OR CHANGE</b> 01/01/2025		<b>DATE OF HIRE</b> open enrollment	

**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:  NEW ENROLLMENT  CHANGE OF ADDRESS  NAME CHANGE  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					
Dependent					
Dependent					
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

Toll Free: (800) 672-7723



This document has been printed on recycled paper.