



**Instructions**

1. You must enroll using this form before you or a family member can begin to use this vision benefit. No enrollment fee is required. Failure to enroll may result in delays when you or a family member need vision care services in the future.
2. For new or changed enrollments, you must complete all information requested on eligible dependents.
3. To change your address, please include your name, Social Security number, and new address. Mark the check box below to indicate an address change.
4. To enroll a dependent, include their name, date of birth, and relationship. For relationship, use the following codes: W=Wife, H=Husband, S=Son, D=Daughter, P=Domestic Partner (if applicable).
5. You may or may not:
  - be able to be covered as both a member and as a dependent of a member, if both you and your spouse are employed by the same company or bargaining unit
  - be required to enroll for a specified minimum time period (if enrollment is voluntary, upon election into the program, you will be committed to participate for a full cycle or the remaining balance of the current cycle).
 Please verify this information with your benefit office.
6. After completion, please return to Davis Vision in the U.S. Postage Paid envelope. If you prefer, this form may also be faxed toll-free to 1-800-783-9046.

Member/Employee Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ (REQUIRED)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

Is the address listed above new?  Yes  No Daytime Phone Number: ( ) \_\_\_\_\_

Is this the first time you have enrolled in the Vision Care Plan or are you changing an existing enrollment record? (Complete all dependent information below if checking either box):

New Enrollment  Change

**\*\* PLEASE NOTE: All information above must be completed in order to process your enrollment. \*\***

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

\_\_\_\_\_ Member/Employee Signature \_\_\_\_\_ Date

**List All Eligible Dependents Below**

Last Name (if different from member)	First	M.L.	Rel.	Date of Birth	M/F