

TO BE COMPLETED BY BENEFITS OFFICE:  
 Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Client Code: VBCE G/L Number: 000206649

### Vision Plan Enrollment Form

Organization Name: Vanderburgh County

#### I. Check the Appropriate Boxes

##### Coverage Desired

- Employee Only  
 Employee + One  
 Employee + Family

- New Enrollment  
 Change of Status/Address  
 Open Enrollment  
 COBRA  
 Cancel

##### REASON FOR CHANGE IN STATUS

- Termination  
 Marriage  
 Newborn Child  
 Other Insurance  
 Move to COBRA  
 Death  
 Divorce  
 Last Name/Address Change  
 Adoption/legal custody of child  
 Legal custody of parent  
 Dependent child married/reached age limit

#### II. Employee Information (please print clearly):

Unique Member ID Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Your Name \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

#### III. List All Eligible Family Members Below (if electing dependent coverage):

	First Name	Last Name	Birth Date	Full Time Student?	Sex
Spouse	_____	_____	____/____/____	not applicable	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F

*I agree to continue enrollment in the vision plan for a period of 12 months*

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spectera, Inc. administers vision benefits underwritten by the following entities: United HealthCare Insurance Company, United HealthCare Insurance Company of New York, Unimerica Insurance Co., Inc., and American General Assurance Company.