

Employee or Primary Member (Information as it appeared on original enrollment):

LAST NAME	FIRST NAME	MIDDLE
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GROUP/ ORGANIZATION _____

Reason for change in enrollment (Check all that apply):

<input type="checkbox"/> Name Change	Effective Date: _____	<input type="checkbox"/> Add/Remove Spouse	Effective Date: _____
<input type="checkbox"/> Plan Change	Effective Date: _____	<input type="checkbox"/> Add/Remove Dependent(s)	Effective Date: _____
<input type="checkbox"/> Waiving Coverage	Effective Date: _____	<input type="checkbox"/> Termination	Effective Date: _____
<input type="checkbox"/> Discontinuing Coverage	Effective Date: _____	Reason for discontinuing coverage: _____	

Employee or Primary Member (Information after any/all changes):

LAST NAME	FIRST NAME	MIDDLE
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ADDRESS _____

CITY	STATE	ZIP
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GROUP/ ORGANIZATION _____

BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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WORK PHONE	HOME PHONE	EMAIL ADDRESS
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MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED

Fill in this section only if changing plan coverage:

You must check the plan in which you are enrolling – you may enroll in more than one plan (within the same frame allowance)

1. Select number of plan/s you are enrolling in: I am enrolling in ONE plan I am enrolling in MULTIPLE plans

2. Select your Frame Allowance (you may only select one): \$100 \$130 \$160 \$200 \$_____

3. Select your Plan/s (you may select one or more):

Complete plans:	<input type="checkbox"/> Platinum	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Bronze
A la carte options:	<input type="checkbox"/> Platinum Materials Only	<input type="checkbox"/> Gold Materials Only	<input type="checkbox"/> Rx Sunwear	<input type="checkbox"/> Exam Only
Other Plan (ie: ComputerWear, VCD Gunnar):	<input type="checkbox"/> _____			

Fill in this section only if adding or removing spouse or dependent(s):

***Please attach additional sheets if further changes are needed**

<input type="checkbox"/> Adding <input type="checkbox"/> Removing	SPOUSE - LAST NAME	FIRST NAME	MIDDLE
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BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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<input type="checkbox"/> Adding <input type="checkbox"/> Removing	DEPENDENT - LAST NAME	FIRST NAME	MIDDLE
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BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> Adding <input type="checkbox"/> Removing	DEPENDENT - LAST NAME	FIRST NAME	MIDDLE
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BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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Enrollee Signature: _____ Date: _____