

Enrollment deadline is 9-30-2010

FAX: 870-575-4658

Underwritten by: National Guardian Life Insurance Company, Madison, WI
Administered by: Superior Vision Services, Inc.
11101 White Rock Road, Suite 150, Rancho Cordova, CA 95670

Vision Plan Enrollment Application

Entire form must be completed.

New adult child's coverage is effective October 1, 2010, subject to approval.

I. Check the Appropriate Boxes

☒ **Add ADULT CHILD who will be at least age 19 but not yet age 26 as of October 1, 2010**

Your current taxation election – to pay the premium on either a before- tax or after- tax basis – will remain in effect. However, if your premium cost is changing because you are adding the "children" coverage tier for the first time, you can elect to change taxation of the premium. Contact Human Resources at 686-5650 if this is the case and we will provide you with the required form.

Important Notice: Mid-year drops are not permissible except in the case of employee termination or should a covered dependent become ineligible. Continuation of coverage under COBRA is available under those circumstances. Future new enrollments may be limited to Open Enrollment Periods.

II. Employee Information (please print clearly):

Your Name _____
(Last) (First) (Middle Initial)

Social Security Number _____ - _____ - _____ Birth Date ____/____/____ Sex (F or M) _____

Home Street Address _____

City/State/Zip _____ Phone (____) _____ - _____

Do you or any of your dependents have other vision insurance? ☐ Yes ☐ No

If yes, please give Policyholder's Name _____ and Insurance Company _____

III. List Adult Children being added below:

	First Name	Last Name	Birth Date	(must fall between 10-2-1985 to 10-1-1991)
Child	_____	_____	____/____/____	
Child	_____	_____	____/____/____	
Child	_____	_____	____/____/____	

INSTRUCTIONS: send original UAPB Human Resources by 9-30-2010. If faxing, send to (870) 575-4658. Keep fax confirmation as your proof.

Employee Signature _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TO BE COMPLETED BY THE EMPLOYER:

Effective Date: 10-1-2010 Group # 028770 Campus: **UAPB**