



# INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE

(Please Print or Type)

<b>EMPLOYER (GROUP) NAME</b> PLAINFIELD BOE		<b>GROUP NO. 0480</b> <input type="checkbox"/> PLAINFIELD BOE- ADMIN 04806520100 <input type="checkbox"/> PLAINFIELD BOE- ADMIN COBRA 04806520179 <input type="checkbox"/> PLAINFIELD BOE-RETIREES - 04806320100 <input type="checkbox"/> PLAINFIELD BOE-TEACHERS 04806120100 <input type="checkbox"/> PLAINFIELD BOE-TEACHERS COBRA 04806120189	
<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 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 + Spouse or Child (L) <input type="checkbox"/> Employee + Child(ren) (E) <input type="checkbox"/> Family [Employee, Spouse, Child(ren)] (F)	
<b>EFFECTIVE DATE OF COVERAGE OR CHANGE</b>		<b>DATE OF HIRE</b>	

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

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