The Auburn University Vision Plan

Enrollment / Change Form

Please print and complete all sections

GROUP/EMPLOYEE INFORMATION **A: Add (enroll)** **T: Terminate** **C: Change (change of name, address, coverage)**

Employer Name	Group Number	Location	Effective Date	Date of Hire
Auburn University	**29407**			

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name	First Name	M. I.	Date of Birth	Banner ID Number

Home Street Address	City / State / ZIP	Home Phone	Work Phone

E-Mail Address	Cell Phone

ELECTION(S)

Employee Only ☐

Employee + Family ☐

FAMILY INFORMATION (Only those eligible may be enrolled.) **A: Add (enroll)** **T: Terminate** **C: Change (change of name or coverage)**
IMPORTANT NOTE: ***Only those dependents who are enrolled will be covered under the Plan***

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Spouse or Sponsored Adult)	First Name	M. I.	Relationship ☐ Spouse ☐ Sponsored	Date of Birth	Child satisfies all Eligibility Requirements?
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship ☐ Child ☐ Sponsored	Date of Birth	☐ Yes ☐ No

SIGNATURE OF EMPLOYEE ______________________ DATE SIGNED ____________ DATE EMPLOYED ____________

EMPLOYER'S NAME	EMPLOYER'S ADDRESS
AUBURN UNIVERSITY	**PAYROLL AND EMPLOYEE BENEFITS** **212 INGRAM HALL, AUBURN, ALABAMA 36849**

Superior Vision Services, 11101 White Rock Road, Suite 150, Rancho Cordova, California 95670

*Underwritten by National Guardian Life Insurance Company

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