



The Auburn University Vision Plan

Open Enrollment Form

Please print and complete all sections

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

Employer Name Auburn University			Group Number 29407	Location	Effective Date 01/01/2017	Date of Hire
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> 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

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Spouse or Sponsored Adult)	First Name	M. I.	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Sponsored	Date of Birth	Child satisfies all Eligibility Requirements?
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Child or Sponsored Child)	First Name	M. I.	Relationship <input type="checkbox"/> Child <input type="checkbox"/> Sponsored	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE OF EMPLOYEE _____

DATE SIGNED _____

DATE EMPLOYED _____

EMPLOYER'S NAME

AUBURN UNIVERSITY

EMPLOYER'S ADDRESS

**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