



## 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 <b>Auburn University</b>			Group Number <b>29407</b>	Location	Effective Date	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

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