

The Auburn University Vision Plan

Open Enrollment Form

Please print and complete all sections **GROUP/EMPLOYEE INFORMATION** C: Change (change of name, address, coverage) A: Add (enroll) T: Terminate **Employer Name** Group Number Location Effective Date Date of Hire 29407 01/01/2018 **Auburn University** ΠА Sex Last Name First Name M. I. Date of Birth Banner ID Number \Box T \square M \Box F \Box C 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 ΠА Sex Last Name (Spouse or Sponsored Adult) First Name M. I. Relationship Date of Birth Child satisfies all Eligibility ΠТ \square M ☐ Spouse Requirements? □С \Box F ☐ Sponsored ПΑ Last Name (Child or Sponsored Child) M. I. Relationship Date of Birth Sex First Name ΠТ ΠМ ☐ Child □ No □ Yes \Box F \Box C ☐ Sponsored Last Name (Child or Sponsored Child) M. I. Date of Birth \square A Sex First Name Relationship \square M □ Child □ Yes □ No \Box C ΠЕ □ Sponsored \square A Sex Last Name (Child or Sponsored Child) First Name Relationship Date of Birth \Box T \square M ☐ Child ☐ Yes □ No □ Sponsored \Box C \square A Last Name (Child or Sponsored Child) First Name Relationship Date of Birth Sex \Box T \square M ☐ Child □ Yes □ No \Box C ΠЕ □ Sponsored ПΑ Last Name (Child or Sponsored Child) First Name M. I. Relationship Date of Birth Sex \square M ☐ Child □ Yes □ No \Box C \Box F □ Sponsored Last Name (Child or Sponsored Child) \square A Sex First Name M. I. Relationship Date of Birth ☐ Child \Box T \square M □ Yes □ No \Box C \Box F □ Sponsored \square A Sex Last Name (Child or Sponsored Child) First Name M. I. Relationship Date of Birth \square M ☐ Child \Box T □ Yes □ No \Box F □ Sponsored \Box C ΠА Sex Last Name (Child or Sponsored Child) First Name M. I. Relationship Date of Birth ☐ Child □ No ПΤ ΠМ □ Yes \Box F ☐ Sponsored ПС SIGNATURE OF EMPLOYEE DATE SIGNED DATE EMPLOYED EMPLOYER'S NAME EMPLOYER'S ADDRESS

PAYROLL AND EMPLOYEE BENEFITS

212 INGRAM HALL, AUBURN, ALABAMA 36849

AUBURN UNIVERSITY