



## MESSA Vision Enrollment/Change Form

Paraprofessional

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Effective date of coverage or change \_\_\_\_\_

Contract type requested: (check one)  **Single**  **Employee plus 1**  **Family** (Employee plus 2 or more)

### Complete the following for all family members for who 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 \_\_\_\_\_ Reinstatement \_\_\_\_\_ Issue Card \_\_\_\_\_

Change to COBRA \_\_\_\_\_ Cancel Coverage \_\_\_\_\_ Name Change, Formally \_\_\_\_\_

| Last Name | First Name | Sex | Date of Birth | Social Security No | Relationship |
|-----------|------------|-----|---------------|--------------------|--------------|
|           |            |     |               |                    |              |
|           |            |     |               |                    |              |
|           |            |     |               |                    |              |
|           |            |     |               |                    |              |
|           |            |     |               |                    |              |

*Any person who, with intent to defraud or knowing that he/she 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: \_\_\_\_\_ Date: \_\_\_\_\_