

INDIVIDUAL ENROLLMENT/CHANGE FORM

For Vision Coverage (Please Print or Type)

EMPLOYER (GROUP) NAME				GROUP NO.					
Berkley School District			51984 0001 01 □ Administrators						
			51984 0001 99 □ Administrators Cobra						
			51984 0002 01 Non Affiliated						
			51984 0002 99 ☐ Non Affiliated Cobra						
			51984 0003 01 ☐ Secretaries						
			51984 0003 99 □ Secretaries Cobra 51984 0004 01 □ Adult Education						
			51984 0004 01 🗆 Adult Education						
				99 □ Addit Eddcadon C 01 □ Teacher	Josia				
			51984 0005 99 D Teacher Cobra						
EMPLOYEE LAST NAME	FIRST		MI DATE OF BIRTH						
					•				
STREET ADDRESS	CITY			STATE	ZIP				
SOCIAL SECURITY NUMBER	GENDER		CONTRACT	TYPE REQUESTED					
	☐ Male ☐ Single (S)								
	☐ Female		eé + 1 (L)						
		Family [Employee + 2	or more] (F)	-				
-		<u> </u>			•				
EFFECTIVE DATE OF COVERAGE OR CHANGE DATE OF HIRE									
DATE OF									
COMPLETE THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE									
TOWN MENT CIE. CERTIFICATION OF THE PROPERTY OF THIS POST OF THIS POST OF THE PROPERTY OF THE									
PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES									
THIS CHANGE IS FOR: EMPLOYEE SPOUSE DEPENDENT(S)									
TOPE OF ORANGE. ENERGENEOUS EQUANOS OF ADDRESS. ENAME OF ADDRESS. EDUCATION ESTABLISTATION ESTAB									
TYPE OF CHANGE: INEW ENROLLMENT IN CHANGE OF ADDRESS IN NAME CHANGE IN REINSTATEMENT IN CHANGE TO COBRA									
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E 1000E CARD E CAROLLE C	☐ ISSUE CARD ☐ CANCEL COVERAGE ☐ NAME CHANGE, FORMERLY								
					CON				
LAST NAME	FIRST N	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
LAST NAME Spouse	FIRST N	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
	FIRST N	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
	FIRST N.	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
Spouse	FIRST N.	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
Spouse	FIRST N.	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
Spouse Dependent Dependent	FIRST N.	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
Spouse Dependent	FIRST N.	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
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Dependent Dependent Dependent	FIRST N	AME INITIA	AL M/F	DATE OF BIRTH	SSN				
Dependent Dependent Dependent Dependent Dependent									
Dependent Dependent Dependent	OWING THAT HE IS	FACILITATING A FRAU	ID AGAINST ANY						
Dependent Dependent Dependent Dependent ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KN	OWING THAT HE IS TATEMENT IS GUIL	FACILITATING A FRAU	ID AGAINST ANY						
Spouse Dependent Dependent Dependent Dependent ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNIFILES A CLAIM CONTAINING A FALSE OR DECEPTIVE S	OWING THAT HE IS TATEMENT IS GUIL RAGE.	FACILITATING A FRAU TY OF INSURANCE FR	ID AGAINST ANY AUD.	INSURER, SUBMITS AN A					
Dependent Dependent Dependent Dependent ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNIFILES A CLAIM CONTAINING A FALSE OR DECEPTIVE S I HEREBY APPLY FOR ENROLLMENT FOR VISION COVE	OWING THAT HE IS TATEMENT IS GUIL RAGE.	FACILITATING A FRAU TY OF INSURANCE FR	DATE:	INSURER, SUBMITS AN A					

www.e-nva.com

NATIONAL VISION ADMINISTRATORS, L.L.C. 1200 Route 46 West Clifton, NJ 07013

Toll Free: (800) 672-7723

