Voluntary Vision Care Enrollment Form

(please print, in ink)

Name (Last, First, Middle Initial) Social Security Number or NYSUT ID Number

Home Address City State Zip

( ) ( )

Date of Birth Home Phone Work Phone ☐ Male ☐ Female

Please Indicate: Coverage Type ☐ Individual ($160/year) ☐ Family ($320/year)
(Plan year runs January 1 - December 31)

Plan Year ☐ 1/1/09 - 12/31/09

Please make checks payable to: **NYSUT Member Benefits Trust**

If you are electing family coverage, list below the names of spouse and unmarried children under 25 years of age. Unmarried, dependent children ages 19 to 25 are eligible for benefits only if they are full-time students. Unmarried children 19 years of age or older, who are incapable of self-support because of mental or physical disability, are covered provided that the disability began before the age of 19.

First Name, MI Last Name (if different)	Relationship	Date of Birth	Full-Time Student
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No
	☐ Spouse ☐ Daughter ☐ Son		☐ Yes ☐ No

The Davis Vision Voluntary Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an expense reimbursement/endorsement arrangement of 10.23% of premium. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at (800) 626-8101 if you experience a problem with any endorsed program.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits Trust-endorsed programs.

I certify that this information is true and correct.

Signature Date

Note: Members who defraud or attempt to defraud the NYSUT Member Benefits Trust-endorsed Voluntary Vision Plan or who knowingly give false or misleading information are subject to a penalty, which may include suspension of eligibility for all Plan benefits. Members are responsible for notifying the Plan Office of any changes in marital and/or dependent status by submitting a Change of Status Card available from NYSUT Member Benefits Trust.

Please send check and form to: **Tammy Ross**
NYSUT Member Benefits Trust
800 Troy-Schenectady Road
Latham, NY 12110-2455