



The Auburn University Vision Plan

Enrollment / Change Form

Please print and complete all sections

GROUP/EMPLOYEE INFORMATION		A: Add (enroll)	T: Terminate	C: Change (change of name, address, coverage)		
Employer Name Auburn University		Group Number 29407	Pay Schedule <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	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: <u>Only those dependents who are enrolled will be covered under the Plan</u>							
<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	Is Child a Full-Time Student?
<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 Human Resources, Payroll & Employee Benefits 1550 East Glenn Avenue, Auburn, AL 36849	

Superior Vision Services, 11101 White Rock Road, Suite 150, Rancho Cordova, California 95670

*Underwritten by National Guardian Life Insurance Company