



The Auburn University Vision Plan

Enrollment 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	Location	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: *Only those dependents who are enrolled will be covered under the Plan*

<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	Child satisfies all Eligibility Requirements?
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<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	<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	<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	<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	<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	<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	<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	<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 PAYROLL AND EMPLOYEE BENEFITS 1550 EAST GLENN AVENUE, AUBURN, ALABAMA 36849	

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

*Underwritten by National Guardian Life Insurance Company