

Vision Plan Enrollment

To enroll in the Vision plan:

- Vision Plan Election Form (Page 2)
- Eye Med Enrollment Form (Page 3)

Please send completed forms to Kris Akut, Benefits Coordinator.

2022 Vision Plan Election

Last Name: _____ First Name: _____

Moody ID #: _____

I elect the following vision plan:

Eye Med Vision

Employee _____

Empl. + Spouse _____

Empl. + Child(ren) _____

Family _____

Effective Date: 01/01/2022

Signature of Employee: _____ **Date:** ____/____/____

A completed **Enrollment Form must be turned in with this form



Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections.

Required sections are marked with an *.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

Employer Information: to be completed by Employer

Employer Name* / / Effective Date** / /

Group Number* Subgroup*

Location Code

^Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Employee Information: to be completed by Employee

Change Type*: Add Term Update Member ID:

Last Name* Date of Birth* / /

First Name* MI Gender* Male Female Phone Number () -

Street Address*

City* State* Zip Code* Social Security Number** - -

Employee Email Address:

^Last four digits of Employee's Social Security Number are required.

Family Information: to be completed by Employee. Only eligible dependents may be enrolled.

Dependent 1 Change Type*: Add Term Update Relationship*: Husband Wife Son Daughter Domestic Partner

Last Name* Gender*: Male Female

First Name* MI Social Security Number - - Date of Birth* / /

Dependent 2 Change Type*: Add Term Update Relationship*: Husband Wife Son Daughter Domestic Partner

Last Name* Gender*: Male Female

First Name* MI Social Security Number - - Date of Birth* / /

Dependent 3 Change Type*: Add Term Update Relationship*: Husband Wife Son Daughter Domestic Partner

Last Name* Gender*: Male Female

First Name* MI Social Security Number - - Date of Birth* / /

Dependent 4 Change Type*: Add Term Update Relationship*: Husband Wife Son Daughter Domestic Partner

Last Name* Gender*: Male Female

First Name* MI Social Security Number - - Date of Birth* / /

Employee Signature*: _____

Date*: / /

For additional dependents, please complete a second form.

Send completed form(s) to HR

FRAUD WARNING NOTICE

For residents of all states (except the following:)	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arkansas Rhode Island West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Georgia Oregon Texas Vermont	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud
Kansas	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Tennessee Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.