

## INDIVIDUAL ENROLLMENT/CHANGE FORM

**FOR VISION COVERAGE** (Please Print or Type)

EMPLOYER (GROUP) NAME		1	ROUP NO	`		
Jefferson County Commission			8703 0000 01 □			
			8703 0000 99 □ Cobra			
EMPLOYEE LAST NAME	FIRST		MI			
CTREET ADDRESS	CITY			STATE	ZIP	
STREET ADDRESS CITY		ĭ		SIAIE	ZIP	
SOCIAL SECURITY NUMBER	GENDER	СО	NTRACT T	TRACT TYPE REQUESTED		
	□ Male	☐ Single (S)				
	☐ Female	☐ Employee + 1 (L)				
		☐ Family [Employee + 2 or more] (F)				
EFFECTIVE DATE OF COVERAGE OR CHANGE		DATE OF HIRE				
L		<u> </u>				
COMPLETE THE FOLLOWING FOR ALL	FAMILY MEMB	ERS FOR WHOM YO	OU ARE RE	EQUESTING COVER	RAGE	
PLEASE CHECK	THE APPROPE	RIATE ACTION COD	ES FOR C	HANGES		
THIS CHANGE IS FOR:   EMPLOYEE   SI	POUSE DEP	ENDENT(S)				
TYPE OF CHANGE: ☐ NEW ENROLLMENT ☐ CHANGE OF ADDRESS ☐ NAME CHANGE ☐ REINSTATEMENT ☐ CHANGE TO COBRA						
TYPE OF CHANGE: THIS WENDOLL MENT TH	CHANGE OF ADD	DESS TINAMECHAN	ICE FIREIN	STATEMENT TICHA	NGE TO CORPA	
TYPE OF CHANGE: INEW ENROLLMENT	CHANGE OF ADD	RESS INAME CHAN	IGE 🗆 REIN	NSTATEMENT □ CHA	NGE TO COBRA	
TYPE OF CHANGE: INEW ENROLLMENT IN ISSUE CARD IN ISSUE CAR			_	_	NGE TO COBRA	
			_	_		
☐ ISSUE CARD ☐ CAN	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
☐ ISSUE CARD ☐ CAN		■ NAME CHANGE	_	_		
☐ ISSUE CARD ☐ CAN	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
☐ ISSUE CARD ☐ CAN	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse Dependent Dependent	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse Dependent	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse Dependent Dependent Dependent	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
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LAST NAME Spouse Dependent Dependent Dependent	ICEL COVERAGE	■ NAME CHANGE	FORMERL	Υ	STUDENT	
LAST NAME Spouse Dependent Dependent Dependent Dependent Dependent	FIRST N	AME INITIAL	M / F	DATE OF BIRTH	STUDENT (Y/N)	
LAST NAME Spouse Dependent Dependent Dependent Dependent ANY PERSON WHO, WITH INTENT TO DEFRAUD OF	FIRST N	AME INITIAL  HE IS FACILITATING A FE	M / F	DATE OF BIRTH  ST ANY INSURER, SUBM	STUDENT (Y/N)	
LAST NAME  Spouse  Dependent  Dependent  Dependent  Dependent  ANY PERSON WHO, WITH INTENT TO DEFRAUD OF APPLICATION OR FILES A CLAIM CONTAINING A FA	FIRST N	AME INITIAL  HE IS FACILITATING A FE	M / F	DATE OF BIRTH  ST ANY INSURER, SUBM	STUDENT (Y/N)	
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LAST NAME  Spouse  Dependent  Dependent  Dependent  Dependent  ANY PERSON WHO, WITH INTENT TO DEFRAUD OF APPLICATION OR FILES A CLAIM CONTAINING A FAIL I HEREBY APPLY FOR ENROLLMENT FOR VISION OF THE ARCHITECTURE OF THE ARCHIT	FIRST N  R KNOWING THAT ALSE OR DECEPTIVE COVERAGE.	AME INITIAL  HE IS FACILITATING A FE //E STATEMENT IS GUILT	M / F  RAUD AGAIN: Y OF INSURA	DATE OF BIRTH  ST ANY INSURER, SUBMANCE FRAUD.	STUDENT (Y/N)	

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

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