

New Enrollee Termination Change of Status Change of Address

SECTION I: GROUP INFORMATION			
Group Name		Group Number X06-	
Division	Class	Department	Effective Date

SECTION II: EMPLOYEE INFORMATION			
Employee Name (Last, First, M.I.)		Social Security Number	Date of Birth
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State
		ZIP Code	
Do you have eligible dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION III: DEPENDENT INFORMATION			
Spouse Name (Last, First, M.I.) (if applying for spousal coverage)		Social Security Number	Date of Birth
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Other Eligible Dependent Information (if additional space is needed, please attached a separate sheet of paper)

Name	Date of Birth	Gender	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

SECTION IV: VISION COVERAGE SELECTIONS			
Coverage Choice (check one coverage only):			
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee+Spouse	<input type="checkbox"/> Employee+Child(ren)	<input type="checkbox"/> Employee+Family

I represent that the information provided above is true and correct to the best of my knowledge and belief. For those coverages I have declined, I understand that I can terminate or change previously elected coverage only during an employer-sponsored open enrollment period or on a qualifying event. If the plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Employee Signature

Date

REFUSAL OF GROUP COVERAGE:

I have been offered and decline to purchase the Vision coverage(s) at this time. I understand that in the event I desire such insurance at a later date, I may be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.

Employee Signature

Date

TERMINATION OF COVERAGE:

I wish to terminate my Vision coverage. I understand that I can terminate or change previously elected coverage only during an employer-sponsored open enrollment period or on a qualifying event.

Employee Signature

Date

Please return completed form to:
Davis Vision
Phone: 888-543-6553 Fax:412-544-1160
Email: groupbilling@hminsurancegroup.com

Except as otherwise indicated below, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

In Arkansas, 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.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In the 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.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim for an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent, except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In 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.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In 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.

In Oregon, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties if intentional and material to the risk.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In Rhode Island, 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.

In 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.