

Davis Vision Enrollment Application

Designer
Premier Platinum



SEE LIFE

Employee (Member) Information (Please Print)

| | | | | | | | |
|---|--|--|------|---|---|--|--|
| Employer/Group Name Polk County Government | | Reason For Application: <input type="checkbox"/> Addition <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> Waive Coverage | | | Check Type of Coverage: Employee Only <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family <input type="checkbox"/> | | |
| Employee (Member) First Name / Middle Initial / Last Name | | | | | | | |
| Mailing Address | | | City | State | Zip code | | |
| Employee (Member) Identification Number | | Effective Date Month Day Year | | Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Retired (Date) _____ | | | |
| Employee Phone Number | | | | Employee Hire Date Month Day Year | | | |
| To be completed by Account Administrator or Human Resources representative only: _____ Location | | | | | | | |

Please indicate the change(s) that you need to make to your record:

| | | | | | | |
|--|--|---|--|--|--|---------------------------------|
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Change Birthdate | <input type="checkbox"/> Change Report Code | <input type="checkbox"/> Change in Group | <input type="checkbox"/> Change Enrollment | <input type="checkbox"/> Employee/Child(ren) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Change Effective Date | Existing _____ | Number _____ | Status to: | <input type="checkbox"/> Employee and Spouse | |
| <input type="checkbox"/> Change of Phone | | New _____ | Existing _____ | <input type="checkbox"/> Employee Only | | |
| | | | New _____ | | | |

| Complete If Applicable Self | First Name / Middle Initial / Last Name | Social Security Number | Change | Effective Date of Change | | | Sex | Check If | | Birth Date* | | |
|--|---|------------------------|---|---|----|----|-----|----------|-----------------|-------------|----|----|
| | | | | MM | DD | YY | | F/M | Student Over 19 | Disabled | MM | DD |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | |
| <input type="checkbox"/> Spouse | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |
| <input type="checkbox"/> Child <input type="checkbox"/> Other | | | <input type="checkbox"/> Add <input type="checkbox"/> Term | | | | | | | | | |

"I certify that this enrollment information is true and correct."

* Required for all members/dependents

Member/Employee Signature

Date