Archdiocese of Philadelphia Parish & Agencies and Secondary School Lay Administrators

Freestanding Vision Plan Enrollment Form

Please complete this form and email it to your Benefit Coordinator.

Employee Information

Check One:
☐ New Enrollment
☐ Change
☐ Change—New Dependent (spouse and/or child)

For Benefit Coordinator Use: To ensure that elections are processed correctly, you MUST fill in the Location (Pay) Code and Group or Policy Number for each benefit elected.

Freestanding Vision Group #: _____ **Effective Date:** _____

Benefit Coordinator Name: _____ **Policy#:** OK822711

Name: _____ **Social Security #:** _____

Home Address: _____ **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

_____

Parish/Agency Where You Work: _____

Date of Birth: _____ **Date of Hire:** _____ **Sex:** ☐ Male ☐ Female

Home Phone: _____ **Work Phone:** _____ **Email:** _____

Dependent/Coverage Information

(Complete for all eligible dependents enrolled for coverage. The Archdiocese reserves the right to verify eligibility of all dependents.)

Name	Birth Date (mth/day/year)	Sex	Social Security No.
(Employee)			
(Spouse)			
(Child)			
(Child)			
(Child)			
(Child)			

Vision Coverage (Use the boxes below to elect vision coverage and whom to cover.)

Plan Selection

☐ Freestanding Vision Plan

Type of Coverage

☐ Employee Only
☐ Employee & Child
☐ Employee & Children
☐ Employee & Spouse
☐ Full Family

Employee Agreement (This section must be completed before emailing to your Benefit Coordinator.)

To the best of my knowledge, the above information is true and complete. I request the coverage elected above and direct the Archdiocese to deduct any required contributions from my regular pay. If required contributions are made on a before-tax basis, I understand that my election may be changed during the year only if I experience a change in family status as defined by the Archdiocese of Philadelphia Premium Conversion Plan. Further, I understand that this election will remain in effect until July 1 and thereafter, unless changed by me.

☐ Yes, I have read and understand the Employee Agreement.

Do you agree to be legally bound by the Employee Agreement? ☐ Yes, I agree ☐ No, I disagree