INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE

(Please Print or Type)

EMPLOYER (GROUP) NAME Moravian College			GROUP NO. 51093 0000 01
EMPLOYEE LAST NAME	**FIRST**	**MI**	**DATE OF BIRTH**
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
SOCIAL SECURITY NUMBER	**GENDER** Male Female	**CONTRACT TYPE REQUESTED** Single (S) Employee + 1 (L) Family [Employee + 2 or more] (F)	
EFFECTIVE DATE OF COVERAGE *OR* CHANGE		**DATE OF HIRE**	

COMPLETE THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE

PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES

THIS CHANGE IS FOR: EMPLOYEE SPOUSE DEPENDENT(S)

TYPE OF CHANGE: NEW ENROLLMENT CHANGE OF ADDRESS NAME CHANGE REINSTATEMENT CHANGE TO COBRA

ISSUE CARD CANCEL COVERAGE NAME CHANGE, FORMERLY ______________________

LAST NAME	FIRST NAME	INITIAL	M / F	DATE OF BIRTH	STUDENT (Y/N)
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I HEREBY APPLY FOR ENROLLMENT FOR VISION COVERAGE.

EMPLOYEE SIGNATURE: **X** ____ DATE: ______________________

EMPLOYER SIGNATURE: **X** ____ DATE: ______________________

www.e-nva.com

NATIONAL VISION ADMINISTRATORS, L.L.C.
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Clifton, NJ 07013

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