

INDIVIDUAL ENROLLMENT/CHANGE FORM

FOR VISION COVERAGE (Please Print or Type)

EMPLOYER (GROUP) NAME Pine Belt Enterprises, Inc. EMPLOYEE LAST NAME FIRST MI DATE OF BIRTH STREET ADDRESS CITY STATE SOCIAL SECURITY NUMBER Male Single (S) Employee + Spouse (L) Employee + Child(ren) (E) Family [Employee, Spouse, Child(ren)] (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 COBR. □ ISSUE CARD □ CANCEL COVERAGE □ NAME CHANGE, FORMERLY LAST NAME FIRST NAME FIRST NAME Dependent N/ F DATE OF BIRTH STUDENT (Y/N) SPOUSE Dependent
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www.e-nva.com

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