



TWU LOCAL 100
VISION BENEFITS ENROLLMENT/CHANGE FORM
INCOMPLETE FORMS WILL NOT BE PROCESSED

MEMBER INFORMATION New Enrollment Change

Last Name _____	Address _____
First Name _____	City _____
Middle Name _____	State _____ Zip Code _____
Contact Phone _____	BSC # _____ Date Appointed _____
D.O.B. _____	Email Address _____
GENDER <input type="radio"/> Male <input type="radio"/> Female	
MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Domestic Partnership <input type="radio"/> Divorced/Widowed	

DEPENDENTS INFORMATION: Spouse, Domestic Partner & Unmarried dependent Children. Dependent eligibility is governed by your group's contract. Dependents between 19 and 23 years of age covered only if enrolled in college full-time.

<input type="radio"/> Add <input type="radio"/> Remove Last Name _____ First Name _____ D.O.B. _____ GENDER <input type="radio"/> Male <input type="radio"/> Female RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child <i>If student, please provide proof of enrollment:</i> Name of School _____ I.D. No. _____ <input type="radio"/> Add <input type="radio"/> Remove Last Name _____ First Name _____ D.O.B. _____ GENDER <input type="radio"/> Male <input type="radio"/> Female RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child <i>If student, please provide proof of enrollment:</i> Name of School _____ I.D. No. _____	<input type="radio"/> Add <input type="radio"/> Remove Last Name _____ First Name _____ D.O.B. _____ GENDER <input type="radio"/> Male <input type="radio"/> Female RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child <i>If student, please provide proof of enrollment:</i> Name of School _____ I.D. No. _____ <input type="radio"/> Add <input type="radio"/> Remove Last Name _____ First Name _____ D.O.B. _____ GENDER <input type="radio"/> Male <input type="radio"/> Female RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child <i>If student, please provide proof of enrollment:</i> Name of School _____ I.D. No. _____
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In order for TWU-Local 100 to complete the processing of your benefits, you must provide us with copies of the following documents:

- Marriage certificate for spouse
- Birth certificate for all dependents
- Social Security cards for all dependents
- Adoption/Legal Guardianship papers for dependent children

Any person who knowingly and with intent to defraud any statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty. **Vision benefits will be effective 90 days after hire date.** I agree to be liable for any claims presented and paid as a result of such fraudulent act.

Signature _____ Date _____

FAX DOCUMENTS TO: TWU LOCAL 100 MEMBER SERVICES 347.643.8063

INTERNAL USE TWU Local 100 Effective Date _____ Termination _____