



**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 _____	
<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female		
<b>MARITAL STATUS</b> <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	<input type="radio"/> Add <input type="radio"/> Remove
Last Name _____	Last Name _____
First Name _____	First Name _____
D.O.B. _____	D.O.B. _____
<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female	<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female
<b>RELATIONSHIP</b> <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	<b>RELATIONSHIP</b> <input type="radio"/> Spouse/D.P. <input type="radio"/> Child
<i>If student, please provide proof of enrollment:</i>	<i>If student, please provide proof of enrollment:</i>
Name of School _____	Name of School _____
I.D. No. _____	I.D. No. _____
<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name _____	Last Name _____
First Name _____	First Name _____
D.O.B. _____	D.O.B. _____
<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female	<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female
<b>RELATIONSHIP</b> <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	<b>RELATIONSHIP</b> <input type="radio"/> Spouse/D.P. <input type="radio"/> Child
<i>If student, please provide proof of enrollment:</i>	<i>If student, please provide proof of enrollment:</i>
Name of School _____	Name of School _____
I.D. No. _____	I.D. No. _____

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 \_\_\_\_\_