

**Plumbers & Steamfitters Local 136 Group #00217986**Enrollment Form  
Voluntary Vision

RETURN TO: Plumbers &amp; Steamfitters Local 136, 2300 St Joe Industrial Park Dr., Evansville, IN

**SECTION I - MEMBER INFORMATION**

Name/Address:  _____  _____	SSN	Date of Birth
	Effective Date  1/1/19	Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female

**SECTION II - BENEFIT SELECTION**

Voluntary Vision Consider how important good vision is to everyday activities like driving, shopping or watching a movie. Taking care of your vision is essential to your overall health and well-being. Did you know that having a regular eye exams can reduce the risk of more serious, long-term diseases?

Select One

<input type="checkbox"/> Member Only	<input type="checkbox"/> Member & Spouse	<input type="checkbox"/> Member & Child(ren)	<input type="checkbox"/> Member & Family
<input type="checkbox"/> \$8.09	<input type="checkbox"/> \$16.18	<input type="checkbox"/> \$17.32	<input type="checkbox"/> \$27.65

**SECTION III - DEPENDENT DESIGNATION**

Complete all details for individuals applying for coverage: list names for all dependents.

Last Name, First Name, Middle	SSN	Sex	DOB	Relationship

**SECTION IV - ELIGIBILITY AND AUTHORIZATION****Member Confirmation**

I have been given the opportunity to enroll in Plumbers & Steamfitters Local 136 Vision benefit coverage. I understand that if I decline enrolling in vision coverage during this open enrollment, I will only be able to enroll at the next annual open enrollment or if I have a qualified event that occurs during the year.

If your answers on this application are incorrect or untrue, the carrier has the right to deny benefits or rescind your coverage.

I request to be insured and agree to pay the cost of insurance to Local 136 to cover the cost of such insurance and the statements and answers are represented to the best of my knowledge and belief to be true and complete. I understand that (a) the insurance applied for shall not take effect until the application is approved; and (b) all insurance is subject to the eligibility provision of this policy.

\_\_\_\_\_  
Member Signature\_\_\_\_\_  
Date