

Employee Signature*:

Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections.

Required sections are marked with an * .

Underwritten by Combined Insurance Company of America

New York Residents only: Combined Life Insurance Company of New York
surance is on file with your employer. Contact your employer to review a copy of the Certificate.

Employer Information: to be completed by Employer						
Employer Name*				1 1 1		Effective Date*^
						/ / /
Group Number*		Su	ıbgroup*	Class	Plan	^Date set by employer in accordance with EyeMed
						proposal. Employer also sets effective date for new adds
Location Code				Division C	Code	during contract period.
Employee Inform	nation: to be complet	ed by Employee	е			
Change Type*: ☐ Add ☐ Term ☐ Update Member ID:						
Last Name*	_					Date of Birth*
First Name*			MI Ger	nder*		Phone Number
Tirstrume				Male	Female	() -
Street Address*				Male 🗀	remale	(
Street Address*						
	 					
City*				State*	Zip Code*	Social Security Number*
Employee Email Ad	ldress:					$^{\wedge}$ Last four digits of Employee's Social Security Number are required.
Family Informati	on : to be completed b	y Employee. Or	nly eligible de	ependents ma	y be enrolled.	
	Change Type*:	☐ Add	☐ Term	☐ Upda		
Dependent 1	Relationship*:	☐ Husband	☐ Wife	☐ Son	□ Daughter	☐ Domestic Partner
Last Name*						Gender*:
						☐ _{Male} ☐ Female
First Name*			MI Soc	ial Security I	Number	Date of Birth*
			пп	—-		/ / /
	Change Tunet					
Dependent 2	Change Type*:	☐ Add ☐ Husband	☐ Term☐ Wife			☐ Domestic Partner
Last Name*	Relationship*:	☐ Husband	☐ wire	☐ Son	☐ Daughter	Gender*:
Lust Nume		T T T T				
Cinet Name of			MI C	ial Casarita :	Number :	☐ Male ☐ Female
First Name*			MI Soc	ial Security I	vumber	Date of Birth*
			шШ			/ / /
Dependent 3	Change Type*:	☐ Add	☐ Term	☐ Updat	te	
Dependent 3	Relationship*:	☐ Husband	☐ Wife	☐ Son	Daughter	☐ Domestic Partner
Last Name*						Gender*:
						☐ Male ☐ Female
First Name*			MI Soc	ial Security N	Number	Date of Birth*
				T - T	□ - □ T	/ /
	Change Turnet				to.	
Dependent 4	Change Type*:	Add	☐ Term	Updat		Domestic Dantes
Last Name*	Relationship*:	Husband	☐ wire	☐ Son	☐ Daughter	☐ Domestic Partner Gender*:
Lust Nume						
First Name of			MI ^	in Committee	No mark of the	☐ Male ☐ Female
First Name*			MI Soc	ial Security I		Date of Birth*
						/ / /