DavisVision™

Davis Vision Enrollment Application

Employee (Member) Information (Please Print)

Employer/Group Name	Reason for Application: ☐ Addition ☐ Change	☐ Reinstate ☐ COBRA	☐ Termination
Employee (Member) First Name/Middle Initial/Last Name			
Mailing Address	City	State	Zip Code

Employee (Member) Identification Number	Effective Date: Month	Day	Year	Employee Status: ☐ Active	☐ Hourly	☐ Salary
				☐ Retired (Date)		
Employee Phone Number			Employee Hire Date: Month	Day	Year	

Check Type of Coverage:

Employee Only	☐
Employee and Spouse or Domestic Partner	☐
Family	☐
Employee and Child	☐
Employee and Children	☐

To be completed by Account Administrator or Human Resources representative only:

Group Number
Payroll Code
Branch Code

Please indicate the change(s) that you need to make to your record:

☐ Change of Name	☐ Change Birthdate	☐ Change Report Code	☐ Change in Group	☐ Change Enrollment Status to:	☐ Employee and Spouse/Domestic Partner
☐ Change of Address	☐ Change Effective Date	Existing	Number Existing	☐ Employee Only	☐ Employee and Child
☐ Change of Phone		New	New	☐ Employee/Children	☐ Family

Complete (if applicable)	First Name/Middle Initial/Last Name	Social Security Number	Change	Effective Date of Change			Sex	Check if		Birth Date*		
				MM	DD	YY	F/M	Student Over 19	Disabled	MM	DD	YY
☐ Self			☐ Add ☐ Term					☐	☐			
☐ Spouse ☐ Dom. Part.			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			

"I certify that this enrollment information is true and correct."

* Required for all members/dependents   Type Name Of Member/Employee Completing Form   Date

MS00109