# enrollment/change/waiver Group Insurance Form The Standard Life Insurance Company of New York P.O. Box 82622, Lincoln, NE 68501 / 877-490-9991 / Fax: 402-467-7338

Policy and Div. # <b>161-</b> Cert. #			<b>COBRA:</b> If individual is a continuee:		Qualifying Event			Date of Event	
Name and Address of Employer (Policyholder)									
1 to enroll       Eye Care       To termin         Employee Information         Marital Status       Single       Married       Civil Union         Social Security number	* 🗌 Dom De	estic Partn ept. numbe	er* *As defined •r						
Date of birth Male Fe Occupation Street address E-mail address (limit of 60 characters)		Hours	worked each w City	/eek	Ar	e your earning	s paid: [	Hourly or	Salaried
Are you covered under another eye care insurance r					. [		Dono	ndonte: 🗌 V	
							-		
Dependent Coverage Information List all eligib	Eye							ependents)	College
Print full legal name (last, first. MI)	add	drop	Relationship		ex	Date of birth	Soc	ial Security no.	student?
1									
2					_				
3					_				
4									
up for coverage until the next enrollment period except I have read and understand. I represent that the info certifies the date of employment, job title, hours wor X Employee Signature (do not print) Any person who knowingly and with intent to defrau containing any materially false information, or conc fraudulent insurance act, which is a crime, and shall	ormation I ked and sa Date Id any insu eals for th	have provi alary inform irance com	ided is completed nation are correct <u>X</u> Policyholder hpany or other of misleading	te and acc ect accordi Signature ( reason file , informati	urate ing t do no es ar on c	e to the best o o the Policyhol ot print) n application fo concerning any	f my knov der's reco r insuran fact mat	wledge. The po ords. Date ce or statemen erial thereto, c	t of claim
claim for each such violation.		-	a orvir portaity i		,cu i				
Employee late entrant date Dependent late entrant date					Dep. Code				
<ul> <li>2 to change</li> <li>Name Change New Name</li> <li>Add Dependent Coverage</li> <li>If due to marriage, what is the date of marriage</li> <li>If due to loss of coverage, date and reason:</li> </ul>	e?		☐ If due to bir	th/adoptior	ı, wh	at is the date o	f event?		
<ul> <li>If other, the date of event and please explain</li> <li>Drop Dependent Coverage Number of de</li> <li>Due to divorce Due to death Due</li> <li>Other (please explain)</li></ul>	ependents e to annual	still covere election p	ed: Et eriod 🗌 Exc	ffective dat ceeds maxi	te of imun	drop: n age to qualify	as depe	ndent	
<b>3 to waive</b> IF YOU DO NOT WANT COVERAGE, O EMPLOYER. I have been given an opportunity to apply fo myself (does not apply to TRUST policies) sp because Name of insurance company and employer of depend Should I desire to apply for this group insurance in th	or Group Ins ouse/dom dent	surance off estic partr	ered by my emp ier 🗌 child(r	oloyer, and l en) only	have	decided not to spouse/domes	accept the tic partne	e offer for: er and child(rer	1)



## tips for filling out this form

### To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- Policy Name and Group Number to make sure plan members are added to the correct group.
- Department/Division Numbers so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- Social Security Numbers the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- Full-time Employment Date needed so the correct effective date is calculated for new members.
- Class Number needed when the plan has more than one class of employees.

## To Change

Changing Dependent Codes – When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . . ) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

### Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

#### Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

#### Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.