



Group Vision Care Plan Enrollment Form

(Please print in ink)

For Local Use Only
NU Sub-group No.:

Name (Last, First, Middle Initial)

NYSUT ID # *

Home Address

City

State

Zip

Benefit Fund or Employer Name

Date of Birth

Phone #

Email

Please Indicate Coverage Type: Individual, annually Family, annually

If available, and you are electing family coverage, list below the names of spouse/domestic partner and/or children under 26 years of age. Unmarried children who are incapable of self-support because of mental or physical disability are covered if medical documentation of the disability is provided and upon approval from the Plan Administrator.

First Name, MI	Last Name (if different)	Relationship	Date of Birth

Signature

Date

Note: Members or Employees are responsible for notifying the Employer of any changes in marital/domestic partner or dependent status. Members or Employees who defraud or attempt to defraud the NYSUT Member Benefits Trust-endorsed group benefits plan or who knowingly give false or misleading information are subject to a penalty that may include, but may not be limited to, suspension of eligibility for all Plan benefits.

New York State Insurance Law Required Disclosure: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

The Davis Vision Group Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-sponsored program. Member Benefits self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to Member Benefits; if a deficit exists, Member Benefits is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 14.16% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an endorsement arrangement of \$.07 per month per enrolled participant. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The insured group vision plans pool the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

*You can obtain your # from your union card or by calling NYSUT Member Benefits at 800-626-8101.