Anthem Customer Service

1.844.402.5347

**2019 VISION INSURANCE ENROLLMENT/CHANGE FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: To Be Completed by IC/HRG** | | | | | | | | | | | | | | | |
| KHRIS Personnel Number | | | Date of Hire | Effective Date | | | Organizational Unit # | | | | Cost Center # | | | Company # | |
| **Section 2: To Be Completed by Employee** | | | | | | | | | | | | | | | |
| Employee’s SSN | | | | Name (Last, First, Middle) | | | | | | | | | | Date of Birth | |
| Street Address | | | | | | | City, State ZIP | | | | | | | | Home County |
| Primary Phone # | | | Secondary Phone # | Work Email Address | | | | | | | Home Email Address | | | | |
| **Section 3: Enrollment Changes** | | | | | | | | | | | | | | | |
| **Reason** | | | | **If Qualifying Event, check item below – *All of these require supporting documentation*** | | | | | | | | | | | |
| New Hire  Open Enrollment  New Group  Qualifying Event (QE), Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | Divorce/Legal Separation/Annulment  Death of a Child or Spouse  Marriage  Loss of Coverage  Spouse/Dependent Gained Employment | | | | | | | Birth/Adoption of Child/Placement for Adoption  Guardianship/Court Order  Military Leave Without Pay  Other Open Enrollment | | | | |
| **Section 4: Coverage Level** | | | | | | | | | | | | | | | |
| Single(self only) | Parent Plus (self and child(ren)) | | | | | Couple (self and spouse) | | | | Family (self, spouse and child(ren)) | | | | | |
| **Section 5: Plan Options and Monthly Rates** | | | | | | | | | | | | | | | |
|  | | | **Single** | | **Parent Plus** | | | | **Couple** | | | | **Family** | | |
| Vision Bronze | | | $5.52 | | $11.22 | | | | $10.94 | | | | $16.64 | | |
| Vision Silver | | | $6.46 | | $13.12 | | | | $12.80 | | | | $19.48 | | |
| Vision Gold | | | $13.12 | | $26.80 | | | | $26.14 | | | | $39.82 | | |
| **Section 6: Dependent Information** | | | | | | | | | | | | | | | |
| Spouse SSN: | | Spouse Name (Last, First, MI) | | | | | | Date of Birth (mm/dd/yyyy): | | | | Male  Female | | | |
| Child #1 SSN: | | Child #1 Name (Last, First, MI) | | | | | | Date of Birth (mm/dd/yyyy): | | | | Male  Female | | | |
| Child #2 SSN: | | Child #2 Name (Last, First, MI) | | | | | | Date of Birth (mm/dd/yyyy): | | | | Male  Female | | | |
| Child #3 SSN: | | Child #3 Name (Last, First, MI) | | | | | | Date of Birth (mm/dd/yyyy): | | | | Male  Female | | | |
| Child #4 SSN: | | Child #4 Name (Last, First, MI) | | | | | | Date of Birth (mm/dd/yyyy): | | | | Male  Female | | | |
| **Section 5: Signatures – Please submit this application to your Company Insurance Coordinator**   * I understand that I am applying for optional vision benefits offered as an employee benefit and fully insured by Anthem.  By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means. * By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand, and agree to the Terms and Conditions of Participation and the Legal Notices. These documents can be found in your Benefits Selection Guide or online at [kehp.ky.gov](https://personnel.ky.gov/Pages/healthinsurance.aspx). | | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Employee Signature Date   |  |  |  | | --- | --- | --- | |  |  |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  IC/HRG Signature and Printed Name Date Telephone | | | | | | | | | | | | | | | |