

# INDIANA STATE UNIVERSITY VISION PLAN ENROLLMENT FORM

## United Healthcare Vision<sup>tm</sup>

**Please Check One:**

- New Coverage
- Adding Dependents
- Deleting Dependents
- Special Enrollment
- Open Enrollment
- Premium Conversion Change
- COBRA
- Terminate Coverage

**Staff Benefits Use**

Reduct \_\_\_\_\_ Deduct \_\_\_\_\_  
 Single \_\_\_\_\_ Family \_\_\_\_\_  
 Effective/Cancel Date \_\_\_\_\_

**Name:** \_\_\_\_\_  

Last
First
Initial

**University ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street
City
State
Zip
Phone

**Birthdate:** \_\_\_\_\_ **Gender:**  Male  Female  Other  
 Single  Married  SSDP **Coverage Effective Date:** \_\_\_\_\_

**DEPENDENTS TO BE ADDED / DELETED - If deleting, reason for deletion**

Add	Delete	Last Name	First Name	MI	Date of Birth	Gender	Relationship

**PREMIUM CONVERSION PROGRAM**

- Under Section 125 of the Internal Revenue Code, employees may use pre-tax dollars to pay premium rates, thereby reducing taxable income for federal, state, local and Social Security taxes. Along with a reduction in Social Security taxes, participation in this program may also reduce Social Security income at retirement/disability if an employee's salary is below the Social Security Wage Base.
- Each calendar year, you have the opportunity to evaluate your previous decision and make a change by completing a new form.
- For coverage that includes a same-sex domestic partner, only the employee portion of the premium is eligible to be deducted before taxes; the balance will be deducted after taxes per Internal Revenue Code guidelines.

**Please select an option below:**

\_\_\_\_\_ **REDUCT (Before Taxes)**                      \_\_\_\_\_ **DEDUCT (After Taxes)**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_