

INDIANA STATE UNIVERSITY VISION PLAN ENROLLMENT FORM

United Healthcare Visiontm

Please Check One:

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

Employee Benefits Use

Reduct: _____ Deduct: _____
 Single: _____ Family: _____
 Effective/Cancel Date: _____
 Ded Code: _____ Plan Code: _____
 Banner: _____ UHC: _____ PDABCOV: _____

Name: _____

Last
First
Initial

University ID#: _____

Address: _____

Street
City
State
Zip
Phone

Birthdate: _____ **Gender:** Male Female Other
 Single Married **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.

Please select an option below:

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

Employee Signature _____ **Date** _____