VISION PLAN

People ★ Lease
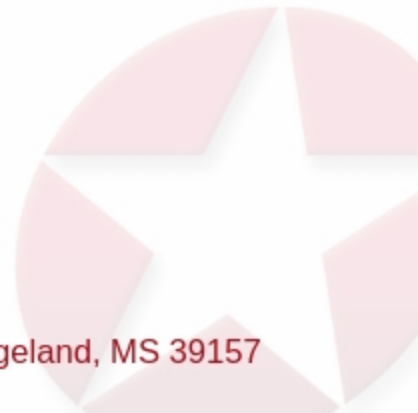*Payroll • Benefits • Compliance*

eye Med®

	Current Rates
Employee Only	**$8.10**
Employee + Spouse	**$13.82**
Employee with One Dependent	**$14.54**
Employee + 2 or more Dependents	**$21.37**

peoplelease.com

601-987-3025 ◉ 689 Towne Center Boulevard Ridgeland, MS 39157

Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections.

Required sections are marked with an *.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

Employer Information: to be completed by Employer

Employer Name*

Effective Date* ^

/   /

^Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Group Number*

Subgroup*

Location Code

Employee Information: to be completed by Employee

Change Type*: ☐ Add   ☐ Term   ☐ Update   Member ID:

Last Name*

Date of Birth*   /   /

First Name*   MI   Gender*   Phone Number

☐ Male   ☐ Female   (   )   -

Street Address*

City*   State*   Zip Code*   Social Security Number*   ^

-      -

^Last four digits of Employee's Social Security Number are required.

Employee Email Address:

Family Information: to be completed by Employee. Only eligible dependents may be enrolled.

Dependent 1

Change Type*: ☐ Add   ☐ Term   ☐ Update

Relationship*: ☐ Husband   ☐ Wife   ☐ Son   ☐ Daughter   ☐ Domestic Partner

Last Name*

Gender*: ☐ Male   ☐ Female

First Name*   MI   Social Security Number   Date of Birth*

-      -   /   /

Dependent 2

Change Type*: ☐ Add   ☐ Term   ☐ Update

Relationship*: ☐ Husband   ☐ Wife   ☐ Son   ☐ Daughter   ☐ Domestic Partner

Last Name*

Gender*: ☐ Male   ☐ Female

First Name*   MI   Social Security Number   Date of Birth*

-      -   /   /

Dependent 3

Change Type*: ☐ Add   ☐ Term   ☐ Update

Relationship*: ☐ Husband   ☐ Wife   ☐ Son   ☐ Daughter   ☐ Domestic Partner

Last Name*

Gender*: ☐ Male   ☐ Female

First Name*   MI   Social Security Number   Date of Birth*

-      -   /   /

Dependent 4

Change Type*: ☐ Add   ☐ Term   ☐ Update

Relationship*: ☐ Husband   ☐ Wife   ☐ Son   ☐ Daughter   ☐ Domestic Partner

Last Name*

Gender*: ☐ Male   ☐ Female

First Name*   MI   Social Security Number   Date of Birth*

-      -   /   /

Employee Signature*: _____   Date*:   /   /

For additional dependents, please complete a second form.