



## Vision Plan Enrollment Form

**Your Location:**  Roger Williams University  Roger Williams University School of Law

**INSTRUCTIONS:** Please complete all of your personal and dependent information below. Select the plan and the type of coverage you wish to enroll in, sign and date the form, and return to the Department of Human Resources.

**Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I. (mm/dd/yyyy)

**Home Address:** \_\_\_\_\_  
City State ZIP Code

**SSN:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Gender:**  male  female **Date of Hire:** \_\_\_\_\_ **Effective Date of Coverage:** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Type of coverage selected:	Bi-Weekly Rates			
<input type="checkbox"/> Member only	<input type="checkbox"/> Member + 1	<input type="checkbox"/> Member + children	<input type="checkbox"/> Family	
<input type="checkbox"/> Base Plan (Plan B) \$3.23	\$ 5.16	\$ 5.27	\$ 8.50	
<input type="checkbox"/> Premium Plan (Plan C) \$ 4.79	\$ 7.67	\$ 7.83	\$12.62	

**CANCEL COVERAGE**

\* **Dependent Relationship:** S=spouse, C=child, H=handicapped child, T=student

Dependent last name	Dependent first name	Gender	* Dependent Relationship	Date of birth mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

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