

Davis Vision Enrollment Application

Mississippi State University



Employee (Member) Information (Please Print)

Employer/Group Name		Reason For Application:			Check Type of Coverage:		
		<input type="checkbox"/> Addition <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> New			Employee Only <input type="checkbox"/> Employee Plus One <input type="checkbox"/> Family <input type="checkbox"/>		
Employee (Member) First Name / Middle Initial / Last Name							
Mailing Address				City	State	Zip code	
Employee (Member) Social Security Number				Employee Status			
				<input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Cobra			
Employee Phone Number				Employee Hire Date			
				Month	Day	Year	

To be completed by Account Administrator or Human Resources representative only:

Group Number _____

Payroll Code _____

Branch Code _____

Effective Date _____

Please indicate the change(s) that you need to make to your record:

<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change Birthdate	<input type="checkbox"/> Change Enrollment Status to:	<input type="checkbox"/> Employee Plus One
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change Effective Date	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family
<input type="checkbox"/> Change of Phone			

Complete If Applicable	First Name / Middle Initial / Last Name	Social Security Number	Change	Sex		Check If		Birth Date*		
				F/M	Student Over 19	Disabled	MM	DD	YY	
Self			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Spouse			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							

"I certify that this enrollment information is true and correct."

* Required for all members/dependents

Member/Employee Signature

Date

Davis Vision Enrollment Application for New Hires Instructions

Reason for Application

- Place a check mark in new

Type of Coverage

- Place a check mark in the appropriate box for the level of coverage you choose: employee only, employee plus one, or family.

Employee Information

- Enter your first, middle initial, last name.
- Enter your mailing address, city, state, zip Code.
- Enter your social security number
- Under Employee Status place a check mark in the active box.
- Enter your phone number.
- Enter your hire date.

Complete if Applicable

- Place a check mark in self, spouse, and/or child box according to the level of coverage you choose.
- List name of each as person you desire coverage for.
- Enter first, middle initial, last name of each person.
- Enter social security number for each person.
- Place a check mark in the: add box: beside each person you wish to add to the plan.
- Enter sex type: M for male F for female
- Place a check mark in the box if the person is a student over the age of 19 and/or disabled
- Enter date of birth: example 03292002 for March 29, 2002.

Sign and date.

Please send completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 150 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, Ms 39762
- Fax: 662 325-0753
- Secure e-mail: contact your benefit specialist listed on the website: hrm.msstate.edu for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603