UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 | MERIDIAN, IDAHO 83680-7777
Phone Number: 800-657-6351

# GROUP VISION CARE
# EMPLOYEE ENROLLMENT AND CHANGE FORM

| ☐ NEW EMPLOYEE | ☐ CHANGE IN COVERAGE | | |
|---|---|---|---|
| Employee's Full Name | Date of Birth (Month/Day/Yr.) | Full-Time Employment (Month/Day/Yr.) | ☐ Male ☐ Female |
| Address (Including City, State & Zip Code) | | Social Security Number (Required) | |
| Name of Employer | Group Number | Hours Worked per Week | |

## COVERAGE OPTIONS

☐ Employee ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family

## FAMILY MEMBERS

| Name (Last, First) | Relationship | Date of Birth | Gender |
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**Employee Signature** _____ **Date Signed** _____