



Vision Care Enrollment Form

Name (Last, First, Middle Initial): _____

Social Security Number: _____

Home Address: _____

City: _____

State: NY

Zip Code: _____

Employer Name: Syracuse City School District

Non District Email: _____

Date of Birth: _____

Phone: _____

Female

Male

Please Indicate Coverage Type:

Individual

Family

If Electing Family Coverage: List below the names of spouse, and unmarried children under 25 years of age. Unmarried, dependent children ages 19-25 are eligible for benefits only if they are full time students. Unmarried children 19 years of age or older, who are incapable of self-support because of mental or physical disability are covered provide that the disability began before the age of 19. Additional forms can be submitted if additional space is needed. **Fax To: (315) 472-6379 Attention Greg Bickett**

First Name	MI	Last Name if Different	Relationship			Date of Birth	Full Time Student	
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature _____

Date _____

Note: Members who defraud or attempt to defraud the NYSUT Group Benefits Plan or who knowingly give false or misleading information are subject to a penalty, which may include suspension of eligibility for all Plan benefits. Members are responsible for notifying the STA of any changes in marital and or dependent status by submitting a Change of Status Form which is available on the STA website under the benefits link.