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

Employee Signature _____ **Date Signed** _____