

EyeMed Vision Plan Enrollment/Change Form

HR-BEN-062



Section 1 - Information & Instructions

Complete this form to enroll in or change your EyeMed vision coverage. This form is only for active employees and/or their dependent(s) who are eligible for the EyeMed Vision Plan.

It is important to complete ALL applicable sections of this form. You MUST submit a new request if there are any changes in the below information. Completed and signed forms must be submitted via fax to 212-852-8700 OR via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, OR email bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			Personal E-Mail

IMPORTANT REMINDER: Your health insurance cards will be mailed to the address on your pay stub. If your address is incorrect, you must log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of health insurance cards and other important benefits-related information.

Section 3 - Vision Coverage Elections

Election Type: ☐ New Enrollment ☐ Reinstatement

Coverage Level: ☐ Individual ☐ Family

Change of Status: ☐ Add Dependent ☐ Remove Dependent

WAIVE VISION COVERAGE

☐ I DO NOT wish to enroll in MTA-Sponsored Vision Coverage***

***Your election to waive coverage will remain in effect until you change your election during a future open enrollment period or if you experience a qualifying life event, such as marriage, birth, divorce, or loss of alternate medical coverage, during the year. Please contact the MTA BSC at 646-376-0123 for additional assistance.

Section 4 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 6 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For Divorce: Supporting documentation is required within thirty-one (31) days of the divorce date in order to remove an ex-spouse from coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and financial restitution for claims and/or premiums paid for the ineligible dependent(s) will be pursued.

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will not be enrolled in MTA-sponsored coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department.

Indicate (A) Add, (R) Remove, or (C) Change				Relationship (Check only <u>ONE</u>)			Date of Birth			
A	R	C	Full Name (First, M.I., Last)	Social Security #	Spouse	Domestic Partner^	Child	MM	DD	YYYY

Section 5 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

I understand that if my coverage is waived, I may subject myself and/or my dependents to a waiting period if I decide to enroll at a later date.

Employee Signature:

Date:

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Section 6 - Required Supporting Documentation

1. For a Spouse:

A copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, and spouse's Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**.

If removing a spouse due to divorce, submit the first and last page of the divorce decree filed by the County Clerk's Office.

Both the enrollee's and spouse's name **must** be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership **must** be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee's name**
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate**
- Social Security Card
- Legal documentation concerning adoption/guardianship

****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**