

VISION SERVICE PLAN Enrollment Form



WHO IS ELIGIBLE?

All current Michigan Society of Association Executive members, staff and their dependents are eligible. To enroll in the vision plan please fill out the information below.

Employee (single) \$38.10 quarterly single policy owners only
Family (2 or more) \$82.95 quarterly two or more on policy must choose family

Social Security Number _____

Subscriber Last Name _____ First _____ MI _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth (Mo./Day/Yr.) _____

I agree to remain enrolled for the entire 2-year enrollment period, assuming I remain employed.

Signed _____ Date _____

PLEASE LIST ALL OF YOUR DEPENDENTS:

Last Name	First Name	M.I.	Social Security Number	Date of Birth
(Spouse) _____	_____	_____	_____	_____

(Children) _____	_____	_____	_____	_____
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Signed _____ Date _____

Return to:
MDA Insurance & Financial Group, Inc.
230 N. Washington Square, Suite 304
Lansing, MI 48933

Forms received by the 18th of the month will receive the first of the following months effective date. Billed on a semi-annually basis.