

VISION SERVICE PLAN Enrollment Form



WHO IS ELIGIBLE?

All current Association 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: _____

Sponsoring Association / 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 #	Date of Birth
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(Spouse) _____

(Children) _____

Signed _____ Date _____

Return to:
MDA Insurance & Financial Group, Inc
3657 Okemos Road, Suite 100
Okemos, MI 48864

*Forms received by the 18th of the month will receive the first of the following month as an effective date.
Billed on a semi-annual basis.*