



2020-21 VISION ENROLLMENT FORM

Represented Fixed Term Faculty Lecturer II / III & Non-Represented Fixed Term Faculty

Name of Group: Central Michigan University Group #: 30066357

| | | | | |
|---|---|---|--|--------------------------------------|
| 1 | Employee ID | Last Name, First Name | | |
| 2 | Coverage Level & Monthly Rates | | | |
| | A: Choose Plan (Please check one) | <input type="checkbox"/> Standard Plan | <input type="checkbox"/> Premium Plan | |
| | B: Coverage Level (Please check one) | Monthly Rate | Monthly Rate | |
| | <input type="checkbox"/> Employee Only | \$6.40 | \$9.97 | |
| | <input type="checkbox"/> Employee + One Dependent | \$12.82 | \$19.96 | |
| | <input type="checkbox"/> Employee + Family | \$20.62 | \$32.12 | |
| 3 | Employee & Dependent Information | | | |
| | Relationship | Last Name, First Name | Social Security Number | Date of Birth (mm/dd/yyyy) |
| | Employee: | | | |
| | Spouse / OEI: | | | |
| | Child: | | | |
| | Child: | | | |
| | Child: | | | |
| | Child: | | | |
| | Child: | | | |
| 4 | <p>The information on this form is complete and accurate.</p> <p>I understand my vision enrollment will be held until confirmation that my appointment / re-appointment for the upcoming academic year. Eligibility for vision coverage are as follows: (1) Represented Fixed Term Faculty members with Lecturer II and Lecturer III status with a three-quarter (3/4) time or greater full-year appointment and (2) Full-time Non-represented Fixed Term Faculty members with a three-quarter time or greater full academic or fiscal year appointment.</p> <p>If eligible for vision coverage, I also understand the appointment / re-appointment must be processed by my department and Faculty Personnel Services on or before July 31, 2020 in order for my enrollment to be processed by the CMU-Benefits & Wellness office.</p> <p>If eligible for vision coverage, I authorize and direct the university to deduct from my salary the amount of the vision premium.</p> | | | |
| | Signature: | | Date: | |

The Vision Enrollment form must be received by the CMU Benefits & Wellness office by Friday, May 1, 2020 at 5:00 p.m. (ET)