Voluntary Vision Care Enrollment Form (Please print in ink)

MEMBER BENEFITS

Name (Last, First, N	/liddle Initial)	NYSUT ID N	NYSUT ID Number	
Home Address		City	State	Zip
	()	()		
Date of Birth	Home Phone	Work Phone		
age. Adult children are than 26 years of age	e covered to the end of the e, who are incapable of	v the names of spouse/domest calendar year in which the child of self-support because of m ed and upon approval from the P	l attains the age of 26. Ur ental or physical disa	nmarried children old
First Name, MI	Last Name (if different)	Relationship	Date of Birth	Ī
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Please Indicate:	Coverage Type	☐Individual (\$190/year) (Plan year runs)	
	Plan Year		25 - 12/31/25	,
Enclosed is payme	ent for the fees indicated ab	ove; please make checks payable	e to: NYSUT Member Ber	nefits Trust
Please charge the	fees indicated above to n	ny 🗌 American Express [🗌 Discover 🗌 Maste	erCard 🔲 VISA
Account Number	Ex	piration Date		Security Code
Signature. I certify t	hat this information is tr	ue and correct.		Date
Note: Members are responsible	for notifying the Plan Office of any cha	anges in marital/domestic partner or dependent s	status. Members who defraud or atte	mpt to defraud the NYSUT

of

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Member Benefits Trust-endorsed Voluntary Vision Plan or who knowingly give false or misleading information are subject to a penalty, which may include, but may not be limited to, suspension of eligibility for all Plan benefits.

New York State Insurance Law Required Disclosure: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Please send check and form to: NYSUT Member Benefits Trust, Attn: Voluntary Vision Plan 800 Troy-Schenectady Road, Latham, NY 12110-2455

The Davis Vision Voluntary Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 8.5% of premium. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.