



# ENROLLMENT CHANGE FORM

To make changes to your membership, simply complete the form below and return to Vision Care Direct via email at admin@visioncaredirect.com, or send by fax to (844) 810-8643. If you have any questions, feel free to call us toll-free at (877) 488-8900.

## EMPLOYEE INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID
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**RENEW EXISTING COVERAGE (NO CHANGES)**

**ADD A PLAN TO MY EXISTING MEMBERSHIP**

PLAN NAME	TIER	MONTHLY RATE
EXAM FREQUENCY	LENSES FREQUENCY	FRAME FREQUENCY
		FRAME/CONTACT LENS ALLOWANCE

**MAKE CHANGES TO EXISTING MEMBERSHIP**

**Add/Remove Dependents**

SPOUSE FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	ADD OR REMOVE? <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	ADD OR REMOVE? <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	ADD OR REMOVE? <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	ADD OR REMOVE? <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	ADD OR REMOVE? <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE

**Change Name and/or Contact Information**

FIRST NAME	M.I.	LAST NAME	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	EMAIL	

**Change plan (enter desired plan below)**

PLAN NAME	TIER	MONTHLY RATE
EXAM FREQUENCY	LENSES FREQUENCY	FRAME FREQUENCY
		FRAME/CONTACT LENS ALLOWANCE

**CANCEL / DECLINE MEMBERSHIP**

## ACKNOWLEDGMENT

I understand that Vision Care Direct is a membership plan and not vision insurance. I understand that I may make changes for a Qualifying Event (see company policy). I authorize my group to make payroll deductions of monthly contributions from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this program. Should I leave the group under which I enrolled in the program, I have the opportunity to convert to a VCD Individual Plan. Should I agree to have my plan converted to an individual plan, I will be subject to the terms and conditions under that plan. Note: Membership cards are automatically generated when the Member Application Form is processed and entered into the Vision Care Direct System. You do not need to wait until you receive your membership card to seek care. If you require care before your card arrives, your VCD doctor can log-on to [www.VisionCareDirect.com](http://www.VisionCareDirect.com) to verify eligibility.

Enrollee Signature: \_\_\_\_\_ Date: \_\_\_\_\_