

VISION INSURANCE

Please indicate if you are making changes to your current elections or enrolling for the first time:

- Enrolling in Vision for the first time: **You MUST COMPLETE an enrollment form**
- Currently enrolled in Vision with CHANGES: **You MUST COMPLETE an enrollment form**
- Currently enrolled in Vision with NO CHANGES: **No enrollment form required**

Elect Vision

| Select Tier | Per Pay Deduction (Pre-taxed) |
|---|-------------------------------|
| <input type="checkbox"/> Employee | \$0.00 |
| <input checked="" type="checkbox"/> Employee + Spouse | \$2.83 |
| <input type="checkbox"/> Employee + Child(ren) | \$3.14 |
| <input type="checkbox"/> Family | \$6.10 |
| <input type="checkbox"/> Waive Vision | |

I authorize **Partnership for the Delaware Estuary, Inc.** to make the applicable pre-tax and post-tax, per pay deductions from my paycheck, as a contribution towards my benefits.

I understand the coverage I have elected is in effect until July 31, 2022 and I cannot make any changes until that point unless I experience a qualifying event. I understand that if I have waived coverage, I will be unable to enroll until the next annual open enrollment unless I experience a qualifying event. If I am currently covered elsewhere and experience a change in coverage, I must notify the HR Dept. promptly to be eligible for participation.

****If enrolling in Health Insurance, I acknowledge that I have received the Summary of Benefits and Coverage (SBC) for the health insurance plan elected.**

I also acknowledge that I have received the Required Notices for the 2021 Plan year.

I understand this form is not an official insurance company enrollment form, and is designed to simplify benefits administration for my employer. I will return this completed form to Human Resources

Employee Signature

Date

____Kathleen Layton_____

____7/15/21_____

Print Name

____Kathleen Layton_____

***This is not a contract or a definitive statement of benefits. It is intended solely to provide you with an overview of your benefits. Complete details of benefits, terms and exclusions are governed by your Group Membership Agreement.*