# NORTH RANCH BENEFITS TRUST

## Employee Application – Vision
Colorado and other applicable States as noted on Employer Application

North Ranch BENEFITS TRUST
POWERED BY WARNER PACIFIC

| Employer Name: | | Division # | |
|---|---|---|---|

| **Employee Information** | Requested Effective Date: |
|---|---|

| Employee First Name: | | Employee Last | |
|---|---|---|---|
| Social Security #: | | Date of Hire: | |
| Mailing Address: | | | |

| City: | | State: | | Zip Code: | |
|---|---|---|---|---|---|
| Phone: | | Email: | | | |

Your email address will not be used for any purpose other than communications from NRBT.

| □ **New Coverage** (give reason below) | □ **Change or Qualifying Event** (give reason below) |
|---|---|
| Date of Qualifying Event: | Date of Change or Qualifying Event: |
| □ New Group Enrollment | □ Marriage |
| □ Open Enrollment (vision only) | □ Domestic Partnership |
| □ New Hire | □ Birth |
| □ Rehire within 30 days – Reinstate to term date | □ Adoption |
| □ Rehire more than 30 days – subject to waiting periods | □ Divorce |
| □ Part-time to Full-time | □ Address Change |
| □ Other_____ | □ Loss of Other Group Coverage:  Proof of loss required. |
| | □ Other_____ |

**CHECK YOUR PLAN SELECTION(S). OPTIONS AVAILABLE WILL BE BASED ON THE CHOICE(S) OFFERED BY YOUR EMPLOYER.**

| **VOLUNTARY VISION SERVICE PLAN** | **EMPLOYER SPONSORED VISION SERVICE PLAN** |
|---|---|
| □ Vision Plan  Please List Plan Name:  _____ | □ Vision Plan |
| www.vsp.com | |
| □ Employee ONLY  □ Employee + 1  □ Employee + Children  □ Family | □ Employee ONLY  □ Employee + 1  □ Employee + Children  □ Family |

**Employee Enrollment Information**

| Vision | First Name | MI | Last Name | Gender | Relationship | DOB MMDDYYYY | Disabled |
|---|---|---|---|---|---|---|---|
| □ | | | | □ M □ F | □ SELF | | N/A |
| □ | | | | □ M □ F | □ SPOUSE □ DOMESTIC PARTNER | | N/A |
| □ | | | | □ M □ F | □ CHILD | | □ Yes □ No |
| □ | | | | □ M □ F | □ CHILD | | □ Yes □ No |
| □ | | | | □ M □ F | □ CHILD | | □ Yes □ No |
| □ | | | | □ M □ F | □ CHILD | | □ Yes □ No |

**Note:** Eligible employees, and their dependents, must enroll within 30 days of the group's new hire waiting period or a Qualifying Event.

| **Employee Signature** | | **Date** | |
|---|---|---|---|