



Comprehensive Vision Enrollment Form

Stay Active MIAMI 
"Serving, Enhancing, and Transforming our Community"

ENROLLMENT TYPE:

- | | |
|---|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Open Enrollment |
| <input type="checkbox"/> Qualifying Status Change | <input type="checkbox"/> Decline to enroll |

For Risk Management Use Only:

Effective Date of Coverage
____ / ____ / ____

EMPLOYEE INFORMATION

Name (please print)			
Employee No.		Last 4 Digits of Social Sec No.	XXX-XX- ____
Dept.		Work Ph. No.	
Work email:		Personal email:	

ENROLLMENT SELECTION

I choose to enroll in the Comprehensive Vision Plan and I elect (Circle one):

Employee Only \$4.04 per pay	Employee & Spouse \$8.07 per pay
Employee & Child(ren) \$8.16 per pay	Family \$13.02 per pay

CONFIRMATION & VERIFICATION

By signing this form, I confirm and verified:

- I cannot change or revoke any of my pre-tax elections at any time during the plan year unless I have an IRS qualifying event.
- I verify that I have been informed that qualifying events include, marriage, domestic partnership, divorce, termination of domestic partnership, birth or adoption of a child, start or loss of a spouse's employment, change in employment status, or death of a spouse
- I verify that I understand that by electing to enroll in the City's Comprehensive Vision plan, I will not be eligible to access the City's current vision plan, which is included in the Medical Plan.

_____/_____/_____
Employee Signature Date

SUBMISSION INSTRUCTIONS

Forms can be submitted either in person, emailed or faxed.

- In person at one of the scheduled assisted enrollment sessions
 - By email at groupbenefits@miamigov.com
 - By fax to (305) 416-1710 or (305) 416-1760