

# Heritage

## vision plans

CONFIDENTIAL

Phone: (800) 252-2053

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### NEW HIRE/RE-EMPLOYMENT FORM

#### INSTRUCTIONS:

This form should be legibly printed or typed in black or blue ink. Please check "X" all applicable boxes and enter the corresponding information requested. If more space is needed, you may provide a separate sheet and attach it to this question.

#### ACCOUNT INFORMATION:

Name of Group: <u>University of Detroit Mercy (UDM)</u>	Effective Date: _____
Name of Employee: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number: _____	Date of Birth: _____

#### ADDRESS:

Street Address: _____	Apt/Unit #: _____
City: _____	State: _____
ZIP Code: _____	Home Phone Number: ( ) _____

#### DEPENDENTS:

Name of Dependent: _____	Date of Birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent: _____	Date of Birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent: _____	Date of Birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent: _____	Date of Birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent: _____	Date of Birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

#### SIGNATURE: I hereby certify that the above information is true and correct

Employee Signature: _____	Date: (mm./dd./yyyy) _____
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HERITAGE VISION PLANS USE ONLY

Received: _____	Processed: _____
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