Agency: FFGA

Agent of Record: Ty Stovall

Enrollment / Change Form

Effective Date (1st of the month): _____

Please check the appropriate box: (*Select ONLY one box*)

☐ New Member ☐ Address Change ☐ Name Change ☐ Change in Coverage ☐ Termination Date_____

EMPLOYEE INFORMATION:

Employer: Stanton ISD Year of Hire:_____

Employee: _____
First Name Middle Last Name

Gender: M F Date of Birth: _____ / _____ / _____ Phone:_____

Alternate Phone: _____ E-mail: _____
(Used as your login to Eyetopia.org)

Social Security# _____ - _____ - _____ (Optional based on your Employer's record tracking requirements.)

Main Address: _____ City / ST / Zip:_____

*Alternate Address_____ City / ST / Zip:_____
(Mailing or Student)

EYETOPIA VISION PLAN:

Enrollment	Standard (120/145)		Gold (180/300H)	
Employee Only	$10.00	☐	$20.00	☐
Employee + 1	$17.00	☐	$37.00	☐
Employee+ Family	$24.00	☐	$52.00	☐

ADDING OR REMOVING DEPENDENT(S) - *Note "Alternate Address" option above:*

Add	Remove	First	Middle	Last	Gender	Date of Birth	Relationship	*Alt Address
☐	☐							☐
☐	☐							☐
☐	☐							☐
☐	☐							☐
☐	☐							☐

EMPLOYEE AUTHORIZATION *(Select ONLY one box):*

If making a CHANGE, TERMINATING, or ADDING / REMOVING DEPENDENT(s) check here:

☐ I hereby authorize Eyetopia Vision Care and my Employer to make the necessary changes that I have indicated on this form.

If ENROLLING in Eyetopia's Vision Plans check here:

☐ I hereby apply for Enrollment in the Eyetopia's Vision Care Plans and agree to participate for a minimum of one (1) year. I understand that canceling my membership prior to the expiration date may make me ineligible for re-enrollment and that I will be billed directly for the remaining balance of any outstanding membership fees. I authorize my Employer to deduct any/all required membership fees.

_____ _____
Employee Signature Date

1387 Sattler Road, Sattler, TX 78132
Ph: 800-662-8264 ♦ 830-964-6444 ♦ Fax: 866-772-0285 ♦ www.Eyetopia.org