

Employee Vision Election Form

With regard to the Vision Benefits offered under Employer's Vision Trust (EVT) through my employer,

I, _____
[Employee name]

Elect Coverage for:

- Myself Only
- Myself and 1 Dependent
- Myself and Family

Waive Coverage* for:

- Myself
- Spouse
- Child(ren)

due to: Not interested at this time
 Other Coverage

Other carrier: _____ Policy No. _____

*I understand that if I am waiving coverage at this time for myself or my dependent, my next opportunity to enroll will be at our company's Annual Open Enrollment period with EVT, unless I have a qualifying event such as loss of other coverage or marriage [as long as I enroll within 30 days of event].

Date: _____ Signature: _____