



(731) 658-2510  
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# HARDEMAN COUNTY BOARD OF EDUCATION

10815 OLD HWY. 64  
BOLIVAR, TENNESSEE 38008

Warner A. Ross II  
Director of Schools

## Vision Enrollment/Change Application All Full Time Employees

Finance and Administration & Benefits  
731-658-2510 Ext. 117  
[buffordm@hardemancountyschools.org](mailto:buffordm@hardemancountyschools.org)

### Employee Information:

<b>First Name:</b>		<b>Last Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>City &amp; Zip:</b>		<b>Social Security #:</b>	
<b>Select a Vision Coverage Option:</b>		<b>Basic</b> <input type="checkbox"/>	<b>Option 1</b>		<b>Enhanced</b> <input type="checkbox"/> <b>Option 2</b>
<b>Select a Vision Premium Level:</b>	<b>Employee Only</b> <input type="checkbox"/> <b>C</b>	<b>EE+Spouse</b> <input type="checkbox"/> <b>B</b>	<b>EE+Child(ren)</b> <input type="checkbox"/> <b>D</b>	<b>Family</b> <input type="checkbox"/> <b>A</b>	

Please complete the information below for your dependents (spouse and/or child (ren)) Accept  Cancel

**Refuse** My employer has given me the opportunity to apply for the group vision insurance and I have decided not to enroll in this offer.

Relation	First Name	Last Name	Social Security Number	Date of Birth	Sex (M or F)	Incapacitated
Spouse						
Child						
Child						
Child						
Child						
Child						

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Agency Benefits Coordinator

\_\_\_\_\_  
Date

*"Preparing for the Future, One Child at a Time"*

Revised 5-9-2018