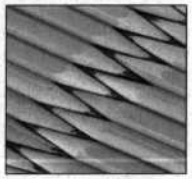

(731) 658-2510
FAX (731) 658-2061

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

Employee Information:

First Name:	**Last Name:**		**Date of Birth:**
Address:	**City & Zip:**		**Social Security #:**
Select a Vision Coverage Option:	**Basic** ☐ **Option 1**		**Enhanced** ☐ **Option 2**
Select a Vision Premium Level:	**Employee Only** ☐ **C**	**EE+Spouse** ☐ **B**	**EE+Child(ren)** ☐ **D**	**Family** ☐ **A**

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