Retiree Billing

TASC®

Enrollment Form

Section 1 - All retirees must complete this section (Please type or print).

Employer Name: ______________________________ TASC Client ID: ____________________

Retiree Last Name: ____________________ First Name: ______________ Middle Initial: ____

Date of Birth: ____/____/____ ○ Male ○ Female Date of Retirement: ____/____/____

Retiree Address: ____

City: ______________________________ State: __________ Zip Code: __________

Home Phone: ____________________ Email Address: ____________________

Social Security Number: ____________________ Marital Status: ○ Single ○ Married

Are you, your spouse, or any of your eligible children covered under any other group plan or HMO? ○ Yes ○ No

Section 1A – Complete this section if you have any dependents covered.

Check Coverage for Each Name		(Last, First, MI)	M/F	DOB	Social Security Number
Spouse	○ Vision				
Child	○ Vision				
Child	○ Vision				
Child	○ Vision				

Section 2 – Vision Care

Plan	Coverage Rate Tier (Monthly Rate)					Add	Drop
	Retiree Only	Retiree + Dependents	Retiree + Spouse	Retiree + Family	Retiree + ?		
	○	○	○	○	○	○	○

Section 3 – Acknowledgement and Signature

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of obtaining a benefit that the employee/retiree, spouse and/or dependent would not otherwise be entitled. In signing this form you (Client) confirm that the information contained herein (including dependent information) is accurate to the best of your knowledge. Further you acknowledge that it is your responsibility to notify the Plan of any changes to dependent (spouse and/or children) eligibility. Should you knowingly provide false, incomplete or misleading information, Client will refer you to Employee Relations, seek recovery of all applicable premiums and paid claims and report you to appropriate agencies.

I will pay for the coverage I have selected on this form via monthly premium coupons to be sent to me by TASC.

Retiree Signature ______________________________ Date Signed ____________________

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The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.