

Hempstead School District

VISION BENEFITS ENROLLMENT/CHANGE FORM

INCOMPLETE FORMS WILL NOT BE PROCESSED

MEMBER INFORMATION

☐ New Enrollment

☐ Change

Last Name _____

First Name _____

Middle Name _____

Contact Phone _____

D.O.B. _____

GENDER ☐ Male ☐ Female

MARITAL STATUS ☐ Single ☐ Married ☐ Domestic Partnership ☐ Divorced/Widowed

Address _____

City _____

State _____ Zip Code _____

SSN# _____

DEPENDENTS INFORMATION: Spouse, Domestic Partner & Unmarried dependent Children. Dependents between 19 and 25 years of age covered only if enrolled in college full-time.

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

☐ Add ☐ Remove

Last Name _____

First Name _____

D.O.B. _____

GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Spouse/D.P. ☐ Child

MEMBER SIGNATURE

Signature _____ Date _____

RETURN FORM TO: Mary Cash in Human Resources Department
Fax Number: (516) 750-5634