



DAVIS VISION ENROLLMENT APPLICATION

Complete this section to apply for Member coverage

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: (____) _____

Sex: Male Female Date of Birth: _____ Social Security #: _____

Complete this section to add Spouse and/or Dependent coverage

Spouse Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Sign and Date

Must be an active CSEA Member to enroll and retain active coverage under the Vision Plan. Members may not re-enroll in coverage if coverage under the vision plan was previously cancelled by the member unless the member is actively at work and applies for coverage within 31 days of a Life Event as defined in the Group Vision Policy Certificate of Insurance. Vision coverage will become effective on the 1st day of the calendar month following receipt of the completed enrollment form and payment, provided they are received prior to the 14th of the month.

Agreement: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge and that I have read the important information above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature: _____ Date: _____



Voluntary Vision Program

CSEA Retiree Designer Vision Plan is a comprehensive benefit plan ensuring low out-of-pocket cost to members and their spouses. The CSEA Designer Vision Plan offers convenient network locations of credentialed preferred providers throughout the 50 states.

MONTHLY RATES *All States*
Rates effective through December 31st, 2020

Member: \$11.96

Member + Spouse: \$20.50

Down Payment Amounts for EFT or Pension Deduction

Member: \$23.92

Member + Spouse: \$41.00

Down Payment Amounts for Direct Bill

Quarterly: Submit 3 months premium

Semi-Annual: Submit 6 months premium

Annual: Submit 12 months premium

CSEA Retiree Payment Options

You have 3 easy payment options as described below. Please note that to begin coverage, and with all payment options, **we first require a payment with your signed and dated application(s)**. Specific payment requirements for each payment option are listed below.

OPTION 1: Electronic Funds Transfer (EFT)

With Electronic Funds Transfer (EFT), you authorize your bank or financial institution to automatically deduct your monthly insurance premiums from your checking account. Paying your premiums by EFT is easy and convenient...save time writing checks and the postage cost to mail them...and there's no extra fee for installment payments!

Automatic withdrawals

- All withdrawals authorized will appear on your bank statement as "Pearl Insurance."
- Withdrawals will be taken on the first business day of the month.
- If your account does not have enough money, your bank may charge you for insufficient funds when we try to withdraw your payment. We will try to withdraw the money up to two times. If we are unsuccessful, we will notify you by mail of the missed payment and you may risk cancellation of the payment plan.
- If you cancel your policy before the current month's withdrawal date, we will notify you by mail of any balance due.

PAYMENT REQUIREMENT: First 2 months premium for initial payment

OPTION 2: Direct Bill Sent to Your Home

You may opt to have a bill sent to your home based on the billing cycle you choose: Quarterly, Semi-Annually or Annually.

PAYMENT REQUIREMENT: Your initial premium payment will depend on the billing cycle you choose.

- For quarterly billing, please include 3 months premium.
- For semi-annual billing, please include 6 months premium.
- For annual billing, please include 12 months premium.

OPTION 3: Pension Deduction

You may opt to have your payments deducted from your New York State pension. **Please note that if you are a new retiree not yet receiving a pension, you will be placed on direct bill for the first 5 months until pension deductions can begin.**

PAYMENT REQUIREMENT: First 2 months premium for initial payment

Effective Date Rules:

Application received before 15th of month, Effective date is the 1st of following month.

Application received after 15th of month, Effective date is the 1st of the consecutive month.

POLICYHOLDER INFORMATION *Please print*

Insured's Name (First, MI, Last Name)

Home Address (Street, City, State, Zip)

Daytime Phone

Email Address

OPTION 1: Electronic Funds Transfer (EFT) If you choose to have your monthly premium deducted from your bank account, please complete below with your banking information and **include a check for your initial premium payment** - made payable to Pearl Insurance.

Bank Routing Number

Bank Account Number

Bank Name

Bank Account Owner's Name
(if different than Policyholder)

AUTHORIZATION & SIGNATURE: I certify that I am the owner and/or authorized signer for this bank account, and I authorize Pearl Insurance NY ("Pearl Insurance") to make electronic debit entries for payment of insurance premiums for my policy(ies) from this account. The entries shall constitute my receipt for the transactions(s). I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I recognize that this authorization allows Pearl Insurance to adjust my scheduled deductions to reflect any premium changes. I understand that it is my responsibility to make sure that there are sufficient funds in this account at the monthly withdrawal date. I also understand that the policy(ies) may cancel or expire if there are insufficient funds in the account, pursuant to the terms of the policy(ies). This authorization is to remain in effect until Pearl Insurance receives written notification of its termination and has sufficient time to act on it.

Bank Account Owner's Signature

Date

Option 2: Direct Bill If you choose to have your bill sent to your home, please select your billing cycle and **include a check for your initial premium payment** - made payable to Pearl Insurance. **Your initial premium payment will depend on the billing cycle you choose.**

CHECK ONE:

Quarterly Bill

Semi-Annual Bill

Annual Bill

Member Signature

Date

Option 3: Pension Deduction If you choose to have your monthly premium deducted from your New York State Pension check, **please include a check for the first 2 months premium** - made payable to Pearl Insurance (your Pension Deductions will begin after the first 2 months) and sign the Pension Deduction Authorization below.

Pension Deduction Authorization: Pursuant to Section 110-c and 410c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Employees Retirement Systems in the amount necessary to cover membership dues and insurance on my behalf to CSEA, Local 1000, AFSCME, AFL-CIO. Authorization is also given to make any changes the Union certifies to the Retirement System as necessary in the amount of such dues and insurances. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$3.00 for payment of dues, or any amount as may be certified to you by the Union as my dues and or insurance. I understand that CSEA, Local 1000, AFSCME, AFL-CIO is my agent and all request to begin, modify, or revoke deductions must be submitted through the Union. This authorization shall remain in effect until revoked by me by written notice through the Union or until otherwise revoked pursuant to law.

Pensioner Signature

Date

Retirement Number (Required number printed on pension check)

Pensioner SSN#