

Vision Coverage



Enrollment Form

Retiree instructions for completing the Vision Plan enrollment form:

1. Please type or print all information when completing this form.
2. Please complete all the information under the "Retiree Information", "Type of Coverage" and "Dependent Information" headings.
3. Please review the enrollment form to ensure all information is accurate and readable. Sign and date form.
4. Upon completion of this form, return it in the enclosed reply envelope provided.
5. Questions regarding the insurance plan? Call 800-507-3800
6. Questions regarding NCRGEA membership dues? Call 800-356-1190 or 919-834-4652

Retiree Information - to be completed by retiree

Social Security # _____ / _____ / _____ Date of Birth _____ / _____ / _____ Home Phone (____) _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Sex M F

Type of Coverage - to be completed by retiree

Retiree Only \$7.32 / Month

Retiree and Family \$16.74 / Month

DO NOT WRITE IN THIS AREA FOR OFFICE USE ONLY (TO BE COMPLETED BY NCRGEA)

Based on the coverage chosen, your vision premium deduction will be \$ _____ PER MONTH

Your first premium deduction will be made on _____ 25, 20____

If your dues are not currently being deducted, the first dues deduction will be made on _____ 25, 20____

Based on your yearly dues of \$ _____, your dues deduction will be \$ _____ PER MONTH

Dependent Information - to be completed by retiree

Last Name	First Name	MI	Sex	Date of Birth	Relationship
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	

Retirement Payroll Deduction Authorization (this section must be signed to receive benefits)

I hereby authorize the North Carolina Retirement System to deduct from my retirement account, both my NCRGEA membership dues and my vision plan premiums. This authorization applies to such coverage until I rescind it in writing.

Signature _____ Date _____ / _____ / _____

Mail Application in enclosed self-addressed envelope to: NCRGEA, PO Box 10561 Raleigh, NC 27605