



Phone: (800) 252-2053
 Fax: (313) 863-5134

New Member ENROLLMENT Form

INSTRUCTIONS:

This form should be legibly printed or typed in black or blue ink. Please check "☒" all applicable boxes and enter the corresponding information requested. If more space is needed than provided, attach additional sheet(s) and reference the question.

ACCOUNT INFORMATION:

Name of Group/Company: University of Detroit Mercy (UDM)	Coverage Effective Date:
Name of Employee:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Date of Birth:

ADDRESS:

Street Address:		Apt. or Unit #:
City:	County:	
State:	ZIP Code: _____	
Home Phone Number: () _____		

DEPENDENTS:

Name of Dependent:	Date of Birth:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent:	Date of Birth:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent:	Date of Birth:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent:	Date of Birth:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Dependent:	Date of Birth:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

SIGNATURE: *I hereby certify that the above information is true and correct*

Employee Signature	Date: / / (mm / dd / yyyy)
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HERITAGE VISION PLANS USE ONLY		
Received:	Processed:	Initials: