HARDEMAN COUNTY SCHOOLS
"Preparing for the Future, One Child at a Time"

Vision Enrollment/Change Application

Finance and Administration & Benefits
731-658-2510 Ext. 117 ~ Fax: 731-658-2061
buffordm@hardemancountyschools.org

Coverage Begin Date: _____

Open Enrollment_____

E-Mail: _____

Employee Information: All Full Time Employees

First Name:	**Last Name:**		**Date of Birth:**
Address:	**City & Zip:**		**Social Security #:**
Select a Vision Coverage Option:	**Basic** ☐ **Option 1**		**Enhanced** ☐ **Option 2**
Select a Vision Premium Level:	**Employee Only** ☐ **C**	**EE+Spouse** ☐ **B**	**EE+Child(ren)** ☐ **D**	**Family** ☐ **A**

Please complete the information below for your dependents (spouse and/or child (ren) **Accept** ☐ **Cancel** ☐ **Hire Date** ☐

☐ **Refuse** My employer has given me the opportunity to apply for the group vision insurance and I have decided not to enroll in this offer.

Relation	First Name	Last Name	Social Security Number	Date of Birth	Sex (M or F)	Incapacitated
Spouse						
Child						
Child						
Child						
Child						
Child						

_____ _____ _____ _____ _____

Signature Date Phone Number Agency Benefits Coordinator Date

10815 Old HWY. 64 ~ Bolivar, TN 38008
Warner A. Ross, II
Director of Schools