



# VISION INSURANCE - ENROLL

Kleen Test Products offers vision insurance, with 4-tiers of coverage, through National Vision Administrators (NVA). Vision insurance can be elected independent of medical and/or dental coverage.

New employees are eligible for insurance to begin the 1<sup>st</sup> of the month after 30 days of employment. *Benefits paperwork is requested to be completed and returned to HR within one week of your date of hire.* Enrollment paperwork will not be accepted past your date of eligibility. You have 31 days to make a change to your enrollment following a qualifying event. Documentation will be required as proof of event.

## Section One: Employee Information

Name (Last, First, Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender (select one): \_\_\_\_\_ Marital Status:  Single  Married  Widowed  Divorced

E-mail Address: \_\_\_\_\_

## Section Two: Plan Elections

### VISION COVERAGE

- |  |   |
|--|---|
| <input type="checkbox"/> New Enrollment  | <input type="checkbox"/> Single (Employee Only) |
| <input type="checkbox"/> Change to Enrollment <i>(qualifying event required)</i> | <input type="checkbox"/> Employee & Spouse      |
|  | <input type="checkbox"/> Employee & Child(ren)  |
|  | <input type="checkbox"/> Family Coverage        |

Effective Date: \_\_\_\_\_

## Section Three: Dependent Information

*\*\*Documentation to verify dependents is required, and new dependents will not be added without documentation\*\**

<b>SPOUSE</b>	Name (Last, First, Initial)	Gender	Social Security Number	Date of Birth (MM/DD/YY)	
<b>DEPENDENT CHILD</b>	Name (Last, First, Initial)	Gender	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
<b>DEPENDENT CHILD</b>	Name (Last, First, Initial)	Gender	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
<b>DEPENDENT CHILD</b>	Name (Last, First, Initial)	Gender	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____

*Note: If you need to add more dependents, please copy Section Four and attach it to this enrollment form.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-Acknowledgements must be reviewed on back of page-

## Section Four: Section 125 Premium Only Plan (POP) Salary Reduction Information

Unless you request otherwise in writing, your portion of medical, dental and vision premiums for the benefits you elect will be withheld on a pre-tax basis. If your portion of premiums is withheld on a pre-tax basis, you will not be allowed to change your election during the plan year unless you have a change in status or other qualifying event as defined in the Plan and IRS regulations.

Your eligible premiums are subtracted from your gross pay before federal, state, and Social Security (FICA) taxes are applied. By reducing your gross taxable income, you lower the amount of your income that can be taxed.

- Your annual tax withholding (W-2) statements will reflect your reduced taxable income.
- Your *gross annual earnings* are not impacted by participating in the POP. This amount will continue to be used to determine any future salary increases and/or 401(k) contributions (if applicable).
- Social Security taxes are reduced on salary amounts up to the IRS maximum allowance. If you earn more than that, your tax savings might be slightly less because you may not get the full advantage of paying less FICA taxes. However, you will still get the advantage of paying less Federal and State income taxes. Your Social Security benefit may also be slightly reduced as a result of your election.
- The administrator is authorized to automatically adjust the amount of your salary reduction if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for the benefits you elected.
- **Prior to the first day of each Plan Year if you do not return a new enrollment form you will be treated as having elected to continue this benefit election for the new Plan Year.** This salary reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.