

FELLOWSHIP VISION ENROLLMENT FORM

(Vision coverage only available to those with medical coverage)

Vision Benefit

As a complement to Fellowship medical coverage, Purdue offers vision benefits through VSP - Vision Service Plan. Further information on the plan, including a link to participating providers is available at www.purdue.edu/hr/Benefits/gradStaff/gradVision.php.

Coverage

You and your covered dependents will each be able to receive one eye exam every calendar year for a fee of \$5. The vision plan also provides a discount on your frame, lenses and contacts.

Premium Information

To receive coverage, you will need to pay the appropriate annual premium from the table below. The payment of your vision premium cannot be combined with your medical premium into a single check or credit card transaction. You will need to make a separate payment for the vision coverage. You do not have the option of making monthly payments. Premiums will not be refunded if eligibility terminates prior to the end of the plan year. Once your enrollment form is received by HR/Benefits, a billing for the premium will be sent to you by Banner Student. You will need to submit your annual premium to the address provided in that bill.

	Student Only	Student & Spouse	Student & Child(ren)	Student, Spouse & Child(ren)
Annual Premium	\$10	\$20	\$20	\$30

To enroll: Please provide all information, using legible PRINT and send via email at hr@purdue.edu, via campus mail to HR Benefits in KPTC, or via mail to Human Resources - Benefits 1281 Win Hentschel Blvd, Ste 1100, West Lafayette, IN 47906.

FELLOW:

Last Name: _____

First Name: _____

PUID: _____

Date of Birth: ____/____/____

DEPENDENTS:

Name	Relationship	Date of Birth