

ADMINISTRATIVE GUIDE



State of Wisconsin
University of Wisconsin



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BENEFITS AT AN OUT-OF-NETWORK PROVIDER

Spectera's Vision Care Plan allows members to receive services from outside Spectera's provider network. Members who use such a provider will receive partial reimbursement up to the maximum schedule listed below (Please note: Copays do not apply to the out-of-network reimbursement schedule.)

Service	Reimbursement Schedule
EXAM	Up to \$40
SINGLE VISION	Up to \$40
BIFOCAL	Up to \$60
TRIFOCAL	Up to \$80
LENTICULAR	Up to \$80
FRAME	Up to \$45
NECESSARY CONTACT LENSES	Up to \$210
ELECTIVE CONTACT LENSES	Up to \$105

For information regarding how to file an out-of-network claim, please refer to Section 2 of this Administrative Guide.

Vision Care Communication Materials

Plan members can refer to their vision care communication materials for a complete description of their vision benefit. To re-order a supply of your vision care communication materials, please contact Arlene Carrion, Sales Administrator for Spectera UnitedHealthcare Dental; Direct: 312-395-9967; Toll Free: 877-442-3290 ext. 221; Fax: 414-231-8765, email acarrion@spectera.com or copy the forms from the UWS HR or UWS Service Center web sites.

2. HOW THE PLAN WORKS

ACCESSING PROVIDER INFORMATION AND SCHEDULING AN APPOINTMENT:

Step 1 - Locate a convenient provider

VIA TELEPHONE

Eligible members can locate a participating provider through Spectera's Interactive Voice Response (IVR) system. Members may use the IVR system 24 hours a day, 7 days a week by calling the **24-hour toll free number – 800-839-3242**. Following the voice prompts, members enter their work or home ZIP code. The system responds with a list of the names, addresses, and telephone numbers of up to three providers conveniently located to them.

VIA THE INTERNET

Members may utilize Spectera's Internet Provider Locator, 24 hours a day, 7 days a week, to locate a convenient network provider. Members simply **log on to WWW.SPECTERA.COM** select the provider locator option and then enter their unique identification number, as well as, their zip code. The member will be supplied a list of convenient providers to select from, including the distance in miles to that provider. Once a participating provider is chosen, the member simply calls the provider directly to schedule his/her appointment.

Step 2 - Schedule an appointment

Once a provider is chosen, the member simply calls the provider directly to schedule their appointment. The member must give the provider the primary insured's unique identification number, date-of-birth and identify him/herself as having Spectera coverage.

Note: The employee may provide either his/her social security number or employee ID number on the application. Whichever number is listed on the application will be the ID number for the employee and his/her covered dependents.

Step 3 – Eye Exams

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye examination, which includes a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), diagnosis and prescription, and visual skill testing.

Step 4 – Ordering Eyewear

If Prescription eyewear is necessary, the Spectera provider will assist with the member's selection and order the prescription. The Spectera provider will telephone the member when the eyewear arrives. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit.

OUT-OF-NETWORK PROVIDER CLAIMS:

Spectera's Vision Care Plan allows members to receive services from outside Spectera's provider network. Members who use such a provider will receive partial reimbursement up to the maximum schedule outlined in Section 1 of this Administrative Guide. In order to receive payment for services provided outside Spectera's network, the participant must submit the following information:

- The original itemized paid receipt
- Primary insured's name and unique identification number
- Patient's name and date-of-birth
- Complete home address

Out-of-network claims should be sent to:

Spectera Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Please note: Receipts for services and materials purchased on different dates must be submitted together to receive reimbursement. Claims must be submitted within 12 months of the date of service to be eligible for reimbursement.

A check will be issued to the member within two weeks of receipt of the claim.

In 2007, the monthly premiums for Spectera vision care are:

Employee Only:	\$5.40
Employee + Spouse:	\$10.50
Employee + Child(ren):	\$11.00
Employee + Family:	\$16.50

3. ELIGIBILITY PROCEDURES

To participate the employee must be employed by the University of Wisconsin and be eligible for immediate or future employer contribution to the State of Wisconsin Health Insurance Program. Unclassified faculty, academic staff and short-term academic staff appointees, classified employees (including LTE's covered by the retirement system), graduate assistants, fellows and scholars and employees in-training are eligible to enroll in this vision plan.

Eligible dependents of these employees may be covered. Domestic partners and their children are eligible under this plan. Employees can also cover their parent(s) if they have legal custody of the parent(s).

When annuitants receiving a Wisconsin Retirement System benefit are rehired at the University they are not eligible to enroll in this program, but could be insured as an annuitant through ETF. See Item 7 in this Chapter.

WRS annuitants who are not covered under Spectera at the time of retirement may enroll during the open enrollment period by applying through the Department of Employee Trust Funds. Non-covered retirees can contact ETF for additional information.

4. ENROLLMENT

Employees have 30 days from their date of hire or participation in the WRS to submit an application and coverage will be effective on the first of the month following receipt of the application. If a dependent is being added due to marriage or the birth or adoption of a child, the employee can add them by submitting an application to the benefits office within 30 days of the marriage or 60 days of a birth or adoption, with coverage becoming effective on the date of marriage, birth or adoption.

All new enrollments and changes should use Spectera's Enrollment Forms. A Sample copy of the Open Enrollment form for 2007 and the Ongoing Enrollment form are included at the end of this guide.

For open enrollments or when an individual is added to coverage, enter the deduction on DDEN with Deduction Code 410 and send the original paper application to Spectera as they need the person's birth date, which can't be captured on the current UWS system. Send the applications to:

**Spectera Vision Plan
Attn: Eligibility Dept
2811 Lord Baltimore Dr.
Baltimore, MD 21244**

Fax: 410-265-6049

If the member submits an application to make a change, the Enrollment form must be submitted to Spectera. The original or a copy of the application should be retained in the employee's benefit file.

If the coverage change takes place mid-month, no premium is due if the change occurs on or after the 16th of the month. The full premium reflecting the changed coverage is due for the month the dependent is added on or before the 15th of the month.

5. TERMINATION and COBRA ELECTION

Coverage terminates for the employee and/or dependents at the end of the month in which the employee dies or terminates employment. The member has 30 days to notify the benefits office of the change. Failure to notify the benefits office will not extend coverage beyond the end of the month in which eligibility ended but may mean that the member loses the right to continuation.

Coverage for dependents also ends at the end of the month in which the dependent loses eligibility due to divorce or dissolution of a domestic partnership, an unmarried child is no longer being dependent as they are no longer a full-time student, no longer dependent upon a parent for main care and support or attaining the limiting age of 26, whichever occurs first.

Dependent children (natural or adopted children, stepchildren and legal wards) coverage ends at the end of the year in which they turn age 19. If the dependent is a full-time student, as determined the institution of higher learning which the child attends, coverage terminates at the end of the calendar year in which the child turns 26. The child must remain unmarried and dependent upon a parent for his or her main care and support. When the child loses eligibility, the employee must advise the staff benefits office within 60 days or the child may lose his or her COBRA rights.

Continued coverage under COBRA will be handled by Spectera's third party vendor, Your Benefit Plan (YBP). To expedite this process, you can provide the member with the Spectera COBRA form (use the regular application and check the box "Move to COBRA"). If the members are interested in continuing coverage, they can complete the form and it can be faxed to YBP at 1-317-598-0700. This step is optional for the payroll representative. However, if the member dies, the payroll office should offer coverage under COBRA when providing other benefit information to the deceased employee's dependents.

Otherwise, Spectera and the Service Center will audit the reporting files and identify members that are no longer enrolled or are enrolled, but no longer on the payroll system. The results of the audit will trigger a notification of COBRA rights to the member directly from YBP. At that point, the member can complete the form and forward it to YBP.

In any case, the member will be responsible for premium from the date of termination of coverage as and active employee. Premium is paid directly to YBP.

In order for an employee that is retiring to maintain coverage for the entire year, the benefits office must offer the employee the option to pay the premiums for the remainder of the year from their last paycheck. An application must be completed by the retiree and the box labeled 'retired' should be checked. The coverage paid through date must be included on the application.

Note: When a retiree elects to continue coverage upon retirement, an application form is required. The employee should check the boxes "COBRA" and "Termination". The Institution must enter the premium paid through date in the box labeled "Coverage Effective Date" which is located at the bottom of the form in the "for office use only" area.

6. LEAVE OF ABSENCE

Spectera cannot accept personal checks, so you need to process any adjustments (prepayments) through payroll deductions. You may make adjustments in "B" or "C" payrolls to take extra deductions for employees going on a leave of absence. If the employee is on LOA longer than expected, make up the difference when they return to work. Coverage will be suspended for the months when no premium is paid. If an employee submits a bill for reimbursement for services incurred while the employee's account was suspended, it will be rejected by Spectera. However, once back on the payroll, when the difference in premiums is collected, the employee can resubmit the bill for reimbursement. If the employee does not return to work and terminates employment, they will be offered COBRA coverage.

7. ANNUITANTS NOT COVERED AT THE TIME OF RETIREMENT

If an employee does not have Spectera Vision coverage as an active employee, he or she will have an annual opportunity to enroll through the Department of Employee Trust Funds. The annual enrollment opportunity will typically coincide with the Dual-Choice for health insurance.

8. PAYROLL PROCEDURES

Use deduction code 410, enter the deduction into DDEN. Premiums are taken one month in advance of the month of coverage. The first deduction for 2007 will be taken in December for January 2007 coverage.

Once the UW Service Center processes a payroll, a hardcopy listing called a Taken Report of the employee's for whom deductions were taken will be sent to Spectera along with a check for premiums. If there are discrepancies, Spectera will contact the Institution at which the employee is employed. The Taken Report and a check will be sent after each of these payrolls is calculated: Classified A, Classified B and Regular Unclassified and Unclassified End-of-Month.

The deduction for classified employees will be taken on the A payroll. If the employee is not on the A payroll then it will take on the B payroll. Premiums are deducted on a pre-tax basis. LTEs and employees enrolling with domestic partners are not eligible for the pre-tax deduction due to IRS rules.

9. REFUNDS AND ADJUSTMENTS

In those rare instances when a refund is requested, a refund from Spectera is possible only for an employee who is no longer employed and was not eligible for the benefit. If this happens, please contact the UW Service Center for a refund, using the same processing procedures as are used for other insurance premium refunds.

10. PAYROLL REPORTS

The following reports will be produced by the UW Service Center and sent to Spectera.

After the processing of the Classified A, Classified B, Regular Unclassified and Unclassified End-of-Month, a **Taken Report** will be produced which includes the monthly premiums and any adjustment premiums paid by an employee. The **Taken Report** and check will be sent to Spectera's Accounting department.

Once monthly, after the end of the earned month, a **Not Taken Report** will be produced. This report contains the names of employees that did not have a deduction taken on any of the payrolls indicated above during the earned month. This report will be sent to Spectera's Eligibility Department and used by Spectera to suspend or terminate an employee's coverage.

11. SPECTERA CONTACTS

CUSTOMER SERVICE

Spectera Customer Service Representatives are available to answer any questions employees may have regarding their benefits. Spectera's Customer Service Center may be reached at **1-800-638-3120** during the hours of 8:30 a.m. to 11:00 p.m. ET Monday-Friday and 9:00 a.m. to 5:30 p.m. ET Saturday

Spectera also has a TTY/TTD line for hearing impaired employees. This line is supported during our regular customer service hours mentioned above and may be reached at **1-800-815-8119**.

ELIGIBILITY

Questions or concerns regarding eligibility changes/corrections should be directed to Spectera's Eligibility Department at **1-800-203-2932** during the hours of 8:30 a.m. to 5:00 p.m. ET Monday-Friday. You may also make contact via fax (**1-410-265-6049**) or e-mail to: eligibility@spectera.com

GROUP SERVICING

Spectera's Account Management Services department handles day-to-day group servicing. Your designated representative will facilitate resolution of day-to-day administrative/service issues and inquiries. Please contact:

Anke Campbell
Account Service Consultant
1-800-638-3895 x 2258
Fax: (410) 944-5903
Hours of availability: 8:30 a.m. to 5:00 p.m. ET Monday-Friday

12. COMMON QUESTIONS

1. Q: What are the open enrollment dates and where does the application need to be returned?

A: The open enrollment dates are announced each fall and generally correspond with the ERA Enrollment period. The application must be returned to the staff benefits office by the deadline published with the open enrollment information. See section 4.

2. Q: What is the effective date of coverage if the employee enrolls by the open enrollment deadline?

A: Coverage will be effective January 1 of the year following the open enrollment period.

3. Q: If the employee doesn't enroll now, will there be another enrollment period without evidence of insurability?

A: Yes, every year you can enroll during the open enrollment period held in the fall.

4. Q: Can the employee cancel the vision coverage at anytime?

A: No, the employee must remain covered for the entire calendar year, unless employment ends or the employee is on LOA. To cancel coverage, the employee must provide a written notice to the staff benefits office prior to or on December 1st for a December 31 effective date. However, coverage and premium deductions will continue until December 31st of the plan year. A future termination date can be entered into the system so that the deduction will stop when appropriate even though you may receive the cancellation notice many months prior to the December 31 cancellation effective date. The employee can use an enrollment form and check the "termination" box.

5. Q: What are the steps for receiving this benefit?

A:

1. Locate a Network Provider
2. Call to schedule an appointment
3. Notify Network Provider that the member has Spectera
4. Receive eye care services
5. Member pays copay to Network Provider

6. Q: Who can the employee call with questions or concerns about the Spectera vision coverage?

A: Questions concerning Specter should be directed to Spectera's Customer Service Center at 1-800-638-3120 between the hours of 7:30AM to 7:00PM CT Monday through Friday and Saturday from 8:00AM to 4:00PM CT.

7. Q: How can a provider be located?

A: There are two options:

- Call Spectera's Interactive Voice Response (IVR) system – 24-hour toll-free provider locator at 1-800-839-3242 and select the English or Spanish option. Then select Option 1 "Open Enrollment." Enter the ZIP code of your choice and several providers will be listed.
- Visit Spectera's Web site at: www.spectera.com and select "Future Member". Then, simply enter the desired ZIP code to view Spectera's directory.

8. Q: Will the member receive an ID card or claim form from Spectera at a network provider?

A: No. ID cards or Claim Forms are not necessary. The member simply makes an appointment with a Network Provider and let them know that he/she is a member of Spectera.

9. Q: How does the member receive benefits if he/she chooses to see an out-of-network provider?

A: The member should pay the bill in-full for the services received. Then he/she submits an itemized copy (including cost of the exam, lens type and frame) of the receipt to Spectera. He/she should be sure to include the member's Social Security number and patient's date of birth when submitting the receipt for reimbursement. The member will be reimbursed according to the plan's maximum schedule of allowances. The information should be sent to the following address: Spectera Claims Department, P.O. Box 30978, Salt Lake City, UT 84130

10. Q: What if the member wants contacts instead of eyeglasses?

A: The member may receive contact lenses in lieu of eyeglasses. Spectera covers a wide selection of contact lenses covering over 50 styles of soft lenses and over 25 styles of disposable lenses (up to 4 boxes annually, depending on prescription). When selecting contact lenses, ask the Spectera provider which contacts are covered-in-full under the Spectera vision benefit. The materials copay applies to the covered contacts. Please note that contacts for the year should be purchased during one visit. If the member selects contact lenses from outside the covered selection, there will be a \$105.00 contact lens allowance applied towards the fitting/evaluation fee and purchase of the non-covered contacts. The materials copay **does not** apply to the non-covered contacts.

11. Q: Can the member see one doctor for the examination and have the materials made by another doctor?

A: Yes. If the member sees two participating doctors, they should be sure to tell both doctors' offices that the member is covered by Spectera's vision plan so that each doctor can verify eligibility. They should also check with the doctor's office that will be dispensing the materials to be sure that he or she will fill another doctor's prescription.

12. Q: Can the member apply through evidence of insurability if the open enrollment period is missed?

A: No. However, newly hired employees may enroll within 30 days of their date of hire. In addition, participating employees who have a qualifying change in status (i.e. marriage, birth of baby, loss of dependent) may make a corresponding change to their coverage within 30 days of the change in status event.

13. Q: Are domestic partners eligible for this coverage?

A: Yes, domestic partners are considered to be eligible dependents. A Domestic Partner Affidavit must be on file with the benefits office. The form can be found on the web at:
<http://www.uwsa.edu/hr/benefits/ins/uws50.pdf>

14. Q: If the spouses both work for the University or for a participating State agency, can they do a spouse to spouse transfer so that the spouse previously covered as a dependent is now the subscriber and vice versa?

A: No, there is no spouse to spouse transfer provision in this plan.

15. Q: How long can dependent children remain covered under this plan?

A: Dependent children (natural or adopted children, stepchildren and legal wards) may be covered through the end of the year in which they turn age 19. If the dependent is a full-time student, as determined the institution of higher learning which the child attends, he or she may remain covered until the end of the calendar year in which the child turns 26. The child must remain unmarried and dependent upon a parent for his or her main care and support. When the child loses eligibility, the employee must advise the staff benefits office within 60 days or the child may lose his or her right to continue coverage. A child who is totally mentally or physically handicapped may remain covered indefinitely.

If the employee divorces, coverage for his/her spouse and stepchildren under the plan terminates at the end of the month in which the divorce was entered.

16. Q: There is a requirement that the member must stay in the plan for a full year. Does this mean a calendar year? If he/she terminates employment during the year, does he/she have to continue the Spectera coverage?

A: If employment terminates, the employee does not have to remain in the plan for the full calendar year. He/she does, however, have the option to elect to continue the Spectera coverage after termination of employment. The employee may change the level of coverage during the year if a dependent loses eligibility. The election to reduce the level of coverage must occur within 30 days of the event. See section 4.

17. Q. If the employee gets married or obtains a child; can he/she add dependents during the calendar year?

A: Yes, if the employee adds a spouse within 30 days or a newborn or adopted child within 60 days of eligibility. Coverage is effective as of the date of eligibility. See section 4.

18. Q: How is COBRA handled when a member terminates?

A: Continued coverage under COBRA will be handled by Spectera's third party vendor *Your Benefit Plan* (YBP). To expedite this process, you can provide the member with the Spectera COBRA form. If they are interested in continuing coverage, they can complete the form and it can be faxed to YBP at 1-317-598-0700. This step is optional for the payroll representative. See section 5.

19. Q: Is a new application needed when an employee with Spectera coverage transfers to a different State agency offering the plan?

A: Yes, a new application form must be completed since each agency has different group number. The employee cannot enroll dependents that were not covered under through the prior employer.

20. Q: Is a new application required when an employee with Spectera coverage transfers to a different UW institution?

A: No. The employee should file an application form to report the address change and the institution must send the form to Spectera.

21. Q: How does Spectera handle those members that go on a Leave of Absence?

A: You should collect the premium through payroll deduction, if possible, in advance of the member going on LOA. If the wrong amount is collected, (person is out longer than expected) you can make up the difference when the employee returns. (Spectera cannot accept Personal checks from employees.) Coverage will be suspended for any months when no premium is paid. If the employee does not come back from leave of absence, COBRA will be offered by Spectera.

22. Q: Can military members continue coverage while overseas?

A: Military members and their families (if applicable) may continue coverage while overseas. However, Spectera does not have an international network. (See question above.)

23. Q: Will employees receive an ID card from Spectera?

A: No, ID cards are not necessary. Members simply make an appointment with a Network Provider and let them know that they're a member of Spectera.

For in-network services, a claim form is not needed as the provider is will submit the claim to Spectera.

For out-of-network providers, the participant must submit the following information:

- The original itemized paid receipt
- Primary insured's name and member number (i.e., unique identification number)

- Patient's name and date-of-birth
- Complete home address

Out-of-network claims should be sent to:

Spectera Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

24. Q: How do family members identify themselves for coverage when receiving services?

A: When filling a claim or using the coverage, a covered family member will need to provide the subscriber's member ID number, but their own date of birth. The employee can request to use a dummy number instead of the social security number. In these cases, the employee's alternate ID number will be their employee ID number. The employee ID number must be shown on the application for coverage or he/she will need to contact Spectera.

25. Q: If an employee is retiring and wants to continue the coverage, how is that handled?

A: The benefits office must offer the employee the option to continue coverage for the balance of the calendar year, by paying the premiums for the remainder of the year from their last paycheck. An application must be completed by the retiree and the box labeled 'retired' should be checked. The coverage paid through date must be included on the application. Annuitants will receive enrollment information each fall, generally corresponding with the Dual Choice Enrollment period.

13. SAMPLE APPLICATION, Enrollments, Changes, Cancellations and COBRA Elections



Vision Plan Open Enrollment Form University of Wisconsin System

I. Check the Appropriate Boxes																								
<p>Coverage Desired</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Monthly <u>Payroll Deduction</u></td> </tr> <tr> <td><input type="checkbox"/> Employee Only</td> <td style="text-align: center;">\$ 5.40</td> </tr> <tr> <td><input type="checkbox"/> Employee + Spouse/ Domestic Partner</td> <td style="text-align: center;">\$10.50</td> </tr> <tr> <td><input type="checkbox"/> Employee + Child(ren)</td> <td style="text-align: center;">\$11.00</td> </tr> <tr> <td><input type="checkbox"/> Employee + Family</td> <td style="text-align: center;">\$16.50</td> </tr> </table>		Monthly <u>Payroll Deduction</u>	<input type="checkbox"/> Employee Only	\$ 5.40	<input type="checkbox"/> Employee + Spouse/ Domestic Partner	\$10.50	<input type="checkbox"/> Employee + Child(ren)	\$11.00	<input type="checkbox"/> Employee + Family	\$16.50	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Status/Address <input type="checkbox"/> Open Enrollment <input type="checkbox"/> COBRA	<p>REASON FOR CHANGE IN STATUS</p> <table border="0"> <tr> <td><input type="checkbox"/> Termination</td> <td><input type="checkbox"/> Death</td> </tr> <tr> <td><input type="checkbox"/> Marriage</td> <td><input type="checkbox"/> Divorce</td> </tr> <tr> <td><input type="checkbox"/> Newborn Child</td> <td><input type="checkbox"/> Last Name/Address Change</td> </tr> <tr> <td><input type="checkbox"/> Other Insurance</td> <td><input type="checkbox"/> Adoption/legal custody of child</td> </tr> <tr> <td><input type="checkbox"/> Move to COBRA</td> <td><input type="checkbox"/> Legal custody of parent</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dependent child married/reached age limit</td> </tr> </table>	<input type="checkbox"/> Termination	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Newborn Child	<input type="checkbox"/> Last Name/Address Change	<input type="checkbox"/> Other Insurance	<input type="checkbox"/> Adoption/legal custody of child	<input type="checkbox"/> Move to COBRA	<input type="checkbox"/> Legal custody of parent		<input type="checkbox"/> Dependent child married/reached age limit
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<input type="checkbox"/> Other Insurance	<input type="checkbox"/> Adoption/legal custody of child																							
<input type="checkbox"/> Move to COBRA	<input type="checkbox"/> Legal custody of parent																							
	<input type="checkbox"/> Dependent child married/reached age limit																							

II. Employee Information (please print clearly):

Please provide your Social Security number **or** Employee ID number. **Note:** Only one ID number is required.

Social Security Number _____ - OR -
Employee ID Number _____

Your Name _____
(First) (Middle Initial) (Last)

Birth Date ____/____/____

Address _____

Home Phone (____) _____

III. List All Eligible Family Members Below (if electing dependent coverage):

	First Name	Last Name	Birth Date	Full Time Student?	Sex
Spouse/ Domestic Partner	_____	_____	____/____/____	not applicable	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M / <input type="checkbox"/> F

I agree to continue enrollment in the vision plan for a period of 12 months. In addition, I understand that I must submit an application by December 1st to cancel the plan effective December 31st, or my coverage will automatically be extended into the entire following plan year."

Your Signature _____ Date _____

For Office Use Only:				Group Number F4ZL	
Date Received by Employer (Mo/Day/Yr)	Received By:	Hire Date (Mo/Day/Yr)	Coverage Effective Date	Premium	Processor Initials
				\$	

Spectera provides services under the following regulated subsidiaries in the following states: California – Spectera Vision Services of California, Inc.; Florida – Spectera Vision Services of Florida, Inc.; Indiana – Spectera Vision, Inc.; Maryland - Spectera Insurance Company; Texas – Spectera Insurance Company, Inc.; Virginia – Spectera Vision, Inc.

2002 – EF4t

Original – Spectera Copy 2 – Employer Copy 3 - Employee

14. SAMPLE APPLICATION Open Enrollments 2007 Coverage



TO BE COMPLETED BY BENEFITS OFFICE:
 Effective Date: 01/01/07
 Sub Code: F4ZL Client Code: 7769
 Date Employer Received:

Vision Plan Open Enrollment Form University of Wisconsin System

I. Check the Appropriate Boxes

Coverage Desired	Monthly Payroll Deduction
<input type="checkbox"/> Employee Only	\$ 5.40
<input type="checkbox"/> Employee + Spouse/ Domestic Partner	\$10.50
<input type="checkbox"/> Employee + Child(ren)	\$11.00
<input type="checkbox"/> Employee + Family	\$16.50

II. Employee Information (please print clearly):

Please provide your Social Security number **or** Employee ID number. **Note:** Only one ID number is required.

Social Security Number ____ - ____ - ____

- OR -

Employee ID Number _____

Your Name _____
 (First) (Middle Initial) (Last)

Birth Date ____/____/____

Address _____

Home Phone (____) _____ - _____

III. List All Eligible Family Members Below (if electing dependent coverage):

	First Name	Last Name	Birth Date	Sex
Spouse/ Domestic Partner	_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F

I agree to continue enrollment in the vision plan for a period of 12 months. In addition, I understand that I must submit an application by December 1st to cancel the plan effective December 31st, or my coverage will automatically be extended into the entire following plan year."

Your Signature _____ Date _____

Spectera provides services under the following regulated subsidiaries in the following states: California – Spectera Vision Services of California, Inc.; Florida – Spectera Vision Services of Florida, Inc.; Indiana – Spectera Vision, Inc.; Maryland - Spectera Insurance Company; Texas – Spectera Insurance Company, Inc.; Virginia – Spectera Vision, Inc.

2002 – EF4t

Original – Spectera Copy 2 – Employer Copy 3 - Employee