

Heritage

vision plans

CONFIDENTIAL

Phone: (800) 252-2053

Fax: (313) 865-1111

NEW HIRE/RE-EMPLOYMENT QUESTIONNAIRE

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, you may provide a separate sheet and attach additional sheets and indicate the question

ACCOUNT INFORMATION:

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

ADDRESS:

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

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: _____
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