



AETNA VISION APPLICATION

Maine Association of Retirees



1. SUBSCRIBER INFORMATION - To be completed by Retiree

LAST NAME (SUBSCRIBER) FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY NUMBER GENDER (M/F) DOB (MM-DD-YYYY)

MAILING ADDRESS

CITY, STATE, ZIP

E-MAIL AND PHONE #

2. REASON FOR ENROLLMENT / CHANGE

EFFECTIVE DATE OF CHANGE (MM/DD/YYYY)

EXACT DATE OF STATUS CHANGE (IF DIFFERENT FROM EFFECTIVE DATE)

ADD*:

- ☐ Annual/Open Enrollment ☐ COBRA Due to end
☐ Marriage ☐ Adoption/Birth
☐ Employment change

DELETE*:

- ☐ Annual/Open Enrollment ☐ Employment change
☐ Divorce ☐ Deceased
☐ No longer Dependent (IRS)

MISCELLANEOUS CHANGE/DELETE: (EXPLAIN)

COVERAGE LEVEL: Please check one



Single Coverage
Premium \$5.82



Retiree/Spouse or Dom. Partner
Premium \$9.31



Retiree & Family
Premium \$15.16

3. DEPENDENT INFORMATION - List all dependents to be enrolled, or those dependents who are affected by a change listed above.

RELATIONSHIP TO SUBSCRIBER	LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)	ENROLL	DELETE
Self				<input type="checkbox"/>	<input type="checkbox"/>
Spouse or Domestic Partner				<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/>	<input type="checkbox"/>

4. DISCLOSURE AND SIGNATURE

COVERAGE EFFECTIVE DATE IS THE FIRST OF THE MONTH FOLLOWING RECEIPT IF RECEIVED BY THE 20TH OF THE MONTH*

Statements made in this document are deemed to be representations and not warranties. I represent that all information is true and correct to the best of my knowledge. I understand that by not choosing a network provider for myself or any family member, I may be responsible for higher out-of-pocket expenses. I also understand that the effective date and termination date of my membership will be determined by MAR. I understand that my dependents and I must remain enrolled and can discontinue our coverage only during open enrollment, except in the event of a qualified life event change. **By signing below I hereby accept coverage.**

SIGNATURE

DATE