

**NEWTOWN PUBLIC SCHOOLS  
ANTHEM BLUE VIEW VISION ENROLLMENT FORM  
2019-2020**

**Please return to Denise Hornyak in the Business Office by June 10, 2019**

**A. EMPLOYEE INFORMATION**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status:       Single                       Divorced  
 Married                       Widowed

**PLEASE NOTE: ENROLLMENT IN THE BLUE VIEW VISION PLAN IS FOR A FULL YEAR AND CANNOT BE TERMINATED UNTIL THE NEXT OPEN ENROLLMENT PERIOD**

**B. ANTHEM BLUE VIEW VISION INSURANCE SELECTION**  
Please choose coverage:

Employee Only	<input type="checkbox"/>		\$69.16
Employee + Spouse	<input type="checkbox"/>		\$121.68
Employee + Child(ren)	<input type="checkbox"/>		\$131.56
Employee + Family	<input type="checkbox"/>		\$201.24

**C. ANTHEM BLUE VIEW VISION CHANGES**

I am deleting dependents: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I am adding dependents (Please list in Section D.)

I am enrolling myself and/or dependents for the first time (Please list in Section D.)

**D. DEPENDENT INFORMATION**

LAST NAME	FIRST NAME	M.I.	SSN	SEX	DATE OF BIRTH	AGE	RELATIONSHIP
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Self
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Spouse
				<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

**IF YOU NEED TO ADD A DEPENDENT OR ENROLL FOR THE FIRST TIME YOU MUST COMPLETE THIS ENROLLMENT FORM**

**E. BLUE VIEW VISION INSURANCE WAIVER**

I decline vision coverage for myself and any eligible dependents.

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**SIGNATURE REQUIRED IF DECLINING COVERAGE**