

BDBSTX Vision Application

Employee Name _____ Date of Birth _____

BCBSTX Vison Coverage Elected YES _____ No _____

Who is covered for Visoion? Select One

| | |
|---------------------|--------------------------|
| Employee Only | <input type="checkbox"/> |
| Employee \Spouse | <input type="checkbox"/> |
| Employee\Child(ren) | <input type="checkbox"/> |
| Family | <input type="checkbox"/> |

DEPENDENTS to be COVERED

Spouse _____ Date of Birth _____

Child _____ Date of Birth _____

Application Signature _____