

Superior Vision Coverage Enrollment and Change Form



4 ways to enroll

1. Online Self Enrollment Portal at markiiiieb.com/enroll
2. Call Center Enrollment with Mark III Employee Benefits toll-free 833-444-5220
3. Online Form Submission through the NCRGEA Website www.ncrgea.com
4. Mail application in enclosed envelope to NCRGEA, 528 Wade Ave, Raleigh, NC 27605, or fax application to 919-834-4622

Please complete all information to enroll, make changes or terminate.

Questions regarding the Superior Vision insurance plan or NCRGEA dues, please call the Mark III call center at 833-444-5220.

Retiree Information	Member ID # _____
Social Security # _____ - _____ - _____	Date of Birth _____ / _____ / _____ Sex M <input type="checkbox"/> F <input type="checkbox"/>
Last Name _____	First Name _____ MI _____
Street Address _____	
City _____	State _____ Zip Code _____
Cell Phone (_____) _____	Land Line Phone (_____) _____
Email Address _____	

Type of Coverage	<input type="checkbox"/> Retiree only \$6.99 / Month	<input type="checkbox"/> Retiree and Family \$15.88 / Month
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TO CHANGE YOUR COVERAGE		
To ADD or DROP DEPENDENTS, fill out this section, and circle ADD or DROP.		
Spouse Name: _____	Date of Birth _____	ADD/DROP
Child Name: _____	Date of Birth _____	ADD/DROP
Child Name: _____	Date of Birth _____	ADD/DROP
Child Name: _____	Date of Birth _____	ADD/DROP
Changes in Dependent Coverage will be effective: _____		
Terminate Coverage effective: _____		
Signature _____	Date _____	
<i>(Your signature is required for changes.)</i>		

Retirement Payroll Deduction Authorization (this section must be signed to receive benefits)
I hereby authorize the North Carolina Retirement System to deduct from my retirement account, both my NCRGEA membership dues and my vision plan premiums. If your NCRGEA membership dues have been paid for the current year, we will begin your dues deduction the month prior to your next scheduled renewal date. Dues are based on monthly income (see enclosed membership enrollment card for the scale). This authorization applies to such coverage until I rescind it in writing. My annual dues are: <input type="checkbox"/> \$15.00 (\$1.25 monthly) <input type="checkbox"/> \$25.00 (\$2.09 monthly) <input type="checkbox"/> \$40.00 (\$3.34 monthly)
Signature _____ Date _____