



PLEASE SEND COMPLETED FORMS TO:
TMR and Associates, Inc.
601 Abbott
Detroit, MI 48226
Questions? Please call TMR at (313) 963-0770

Phone: (800) 252-2053 Fax: (313) 863-5134
Email eligibility@heritagevisionplans.com

New Member ENROLLMENT Form

INSTRUCTIONS:

This form should be legibly printed or typed in black or blue ink. Please check "X" all applicable boxes and enter the corresponding information requested. If more space is needed than provided, attach additional sheet(s) and reference the question.

ACCOUNT INFORMATION:

Name of Group/Company: Coverage Effective Date:
Name of Employee: Gender: Male Female
Social Security Number: Date of Birth:

ADDRESS:

Street Address: Apt. or Unit #:
City: County:
State: ZIP Code:
Home Phone Number: ()

DEPENDENTS:

Name of Dependent: Date of Birth:
Relationship: Spouse Child Other Gender: Male Female
(Repeats for multiple dependents)

SIGNATURE: I hereby certify that the above information is true and correct

Employee Signature Date: (mm / dd / yyyy)

HERITAGE VISION PLANS USE ONLY

Received: Processed: Conformation Sent: Initials: