SPECTERA
A UnitedHealth Group Company

Vision Plan Enrollment Form
State of Wisconsin Retirees

Effective Date: January 1, 2008
Group #: GIHA

To select vision care through Spectera, complete this form before November 16th

Mail To: UnitedHealthcare Specialty Benefits
ATTN: Navnit Chitalia
Liberty 6 Suite 200
6220 Old Dobbin Lane
Columbia, MD 21045

OR Fax To: 888-574-7335

Coverage Ends On December 31, 2008. You Must Re-enroll In Order To Keep The Coverage.

Please keep a copy of this form for your records.

I. Check the Appropriate Box --- The Rates Listed Below are Per Month ---

☐ Retiree Only .....5.83 ☐ Retiree + Spouse $11.34

☐ Retiree + Children ..... $11.88 ☐ Retiree + Family..... $17.82

II. Retiree Information (please print clearly):

Social Security Number _____ - ____ - _____

Your Name _____
(First) (Middle Initial) (Last)

Birth Date ____/ ____/ _____

Address _____

_____

Day Time Phone (_____) _____ - _____

III. List All Eligible Family Members Below (if electing dependent coverage):

	First Name	Last Name	Birth Date	Full Time Student?	Gender
Spouse			____/ ____/ _____	not applicable	☐M / ☐F
Child			____/ ____/ _____	☐ Yes ☐ No	☐M / ☐F
Child			____/ ____/ _____	☐ Yes ☐ No	☐M / ☐F
Child			____/ ____/ _____	☐ Yes ☐ No	☐M / ☐F
Child			____/ ____/ _____	☐ Yes ☐ No	☐M / ☐F

I agree to continue enrollment in the vision plan for a period of 12 months and authorize you to deduct monthly premiums from my Wisconsin Retirement System benefit checks. I know renewals for this coverage will be on a 12 month cycle and I cannot change family status or drop this coverage until the 12-month cycle expiration (December 31, 2008).

Your Signature _____ Date _____

Florida Residents Only: NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Spectera provides services under the following regulated subsidiaries in the following states: Spectera Vision Inc.; Maryland - Spectera Insurance Company