

LINDSEY WILSON COLLEGE AVESIS CHANGE FORM FOR PLAN YEAR 2024

I hereby elect the following vision plan for the 2024 plan year.

<input type="checkbox"/>	Single Low Option MO	\$6.75
<input type="checkbox"/>	Single High Option MO	\$7.95
<input type="checkbox"/>	Family Low Option MO	\$17.56
<input type="checkbox"/>	Family High Option MO	\$21.22
<input type="checkbox"/>	EE + Spouse Low Option MO	\$11.82
<input type="checkbox"/>	EE + Spouse High Option MO	\$14.40
<input type="checkbox"/>	EE + Child(ren) Low Option MO	\$12.83
<input type="checkbox"/>	EE + Child(ren) Plan 2 MO	\$15.67

<input type="checkbox"/>	Single Low Option BW	\$3.38
<input type="checkbox"/>	Single High Option BW	\$3.98
<input type="checkbox"/>	Family Low Option BW	\$8.78
<input type="checkbox"/>	Family High Option BW	\$10.61
<input type="checkbox"/>	EE + Spouse Low Option BW	\$5.91
<input type="checkbox"/>	EE + Spouse High Option BW	\$7.20
<input type="checkbox"/>	EE + Child(ren) Low Option BW	\$6.42
<input type="checkbox"/>	EE + Child(ren) High Option BW	\$7.89

I waive participation in the 2024 vision insurance plan year.

Print Name

Employee L#

Signature

Date