



2026

DAVIS VISION



The Eye Care Advantage

WWW.DAVISVISION.COM

1-877-923-2847

AFSCME RETIREE ENROLLMENT FORM CONTROL # 5206

COVERAGE IS FOR CALENDAR YEAR 2026 (JAN.1, 2026– DEC. 31, 2026)

OPEN ENROLLMENT ENDS 12/01/25

NEW ENROLLMENT _____ RE-ENROLLMENT _____ CHANGE _____ REASON FOR CHANGE _____

RETIREE MEMBER #1 NAME (Last, First, Middle Initial)

RETIREE MEMBER #2 NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER - - SEX

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MEMBER #1 DATE OF BIRTH / /

MEMBER #2 DATE OF BIRTH / /

HOME ADDRESS CITY STATE ZIP +4

HOME PHONE NUMBER () - CELL PHONE NUMBER () -

NAMES OF OTHER FAMILY MEMBERS & DOB:

IS THE ADDRESS LISTED ABOVE NEW? YES NO E-MAIL ADDRESS @

New Address

Make checks payable to: R.P.E.P. CHAPTER 13

Mail to: R.P.E.P. Chapter 13 150 South 43rd Street Harrisburg, PA 17111-5708

\$82.76 ONE Member Per Year \$147.44 TWO Members Per Year \$227.96 Two Members Plus Family Per Year

ENCLOSED \$

CHECK #

FOR

MEMBERS.

I certify that this enrollment information is true and correct.

1st Member's Signature _____ Date _____

2nd Member's Signature _____ Date _____

**WE SEND THE
MONEY TO DAVIS**

VISION THEREFORE

**REFUNDS ARE NOT
AVAILABLE**

