2027

DAVIS VISION

The Eye Care Advantage WWW.DAVISVISION.COM 1-877-923-2847

AFSCME RETIREE ENROLLMENT FORM CONTROL # 5206

COVERAGE IS FOR CALENDAR YEAR 2027 (JAN.1, 2027– DEC. 31, 2027) ***OPEN ENROLLMENT ENDS 12/01/26***

NEW ENROLLMENT_____ RE-ENROLLMENT_____ CHANGE_____ REASON FOR CHANGE _____

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

_____

SOCIAL SECURITY NUMBER ___ - ___ - ____ SEX ___

MEMBER #1 DATE OF BIRTH ___ / ___ / ____

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

_____

SOCIAL SECURITY NUMBER ___ - ___ - ____ SEX ___

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

NEW THIS YEAR PAYMENT CAN BE MADE TO OUR WEBSITE BY CREDIT CARD AT PAAFSCMERETIREES.ORG

COUNCIL 13 AFSCME UNION LABEL