

Vision Coverage Enrollment

Items marked * are required. Complete form using Blue or Black ink only. If you send this form via email, please send via secure email to protect PHI to ensure compliance with HIPAA. You may request a secure link from membersupport@usavision.net or send by FAX to 888.959.4393. Failure to complete this form correctly may result in delayed enrollment and/or a later Coverage Start Date.

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