



# Optilegra<sup>TM</sup>

## Lead-Deadwood School District — Member Enrollment Form

LIST YOURSELF AND ANY DEPENDENTS TO ENROLL					
EMPLOYEE	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
SPOUSE	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)
CHILD	FIRST NAME	MIDDLE	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MM/DD/YYYY)

EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (required field, must be the first day of a month)

Please check the Plan(s) in which you are enrolling - you may enroll in more than one Plan (rates effective 1/1/2022 - 12/31/2022)  
The amount you select below will be withdrawn from your monthly wages

Platinum 160	<input type="checkbox"/> Primary (Only) \$15.44	<input type="checkbox"/> Primary + 1 \$24.71	<input type="checkbox"/> Primary + Children \$25.23	<input type="checkbox"/> Whole Family \$40.67
Gold 130	<input type="checkbox"/> Primary (Only) \$9.39	<input type="checkbox"/> Primary + 1 \$15.02	<input type="checkbox"/> Primary + Children \$15.34	<input type="checkbox"/> Whole Family \$24.72
Gold Materials Only 130	<input type="checkbox"/> Primary (Only) \$7.07	<input type="checkbox"/> Primary + 1 \$11.32	<input type="checkbox"/> Primary + Children \$11.56	<input type="checkbox"/> Whole Family \$18.64

**CONTACT INFORMATION**

HOME MAILING ADDRESS		HOME/CELL PHONE
CITY	STATE	ZIP
EMAIL ADDRESS (TO PROVIDE YOU WITH YOUR ELIGIBILITY INFORMATION AND A LIST OF NEARBY PROVIDERS)		

\*\*\* WE WILL NOT SPAM OR SELL THIS EMAIL ADDRESS \*\*\*

Who is your primary optometrist or eyecare center? \_\_\_\_\_

Your enrollment will be processed upon receipt and you are Eligible as of your Effective Date. To find a doctor or print your Eligibility, visit [optilegra.com](http://optilegra.com).

I authorize my group to make payroll deductions for Premiums from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this Plan for its duration. If I'm not satisfied with this Plan for any reason, I have the right within the first 30 days to terminate this Plan, have all Plan benefits used during that time be reversed, and receive a full refund. When this Plan expires, I am not obligated to make any further payments to Optilegra, Inc., and will not receive any further Plan benefits.

Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_