

SELF-REPORT FORM MATERNITY BENEFIT

HAS YOUR VISION CHANGED DURING PREGNANCY AND/OR BREASTFEEDING?

Your Plan offers maternity Benefit which provides additional coverage to pregnant or breastfeeding women who may experience vision changes. In order to use this benefit you will need to first utilize your standard benefits during your Plan Year. Once you've used your standard benefits, you can then complete this form and submit to Surency to access your additional benefit outlined below. You plan's copay will apply, like usual, for both the additional exam and lenses.

OUR MATERNITY BENEFIT INCLUDES:

AN ADDITIONAL EYE EXAM COVERAGE

With your Vision Maternity Benefit, you can receive coverage for a second eye exam during your Plan Year.

ADDITIONAL LENSES

If your prescription changes 0.5 diopter or more, you are eligible for additional lenses.

Please note: This benefit is only applicable if your vision has changed during your pregnancy and/or breastfeeding stage. Your standard benefits will be reset to match that of your group benefit coverage on Jan. 1st each year. If your pregnant/breastfeeding status continues into the new year, please fill out this form again to obtain the additional Maternity Benefit coverage for the new year.

Member Name	
Employer	
Home Address	
City, State, ZIP	
Vision Member ID# (Social Security Number or Member ID Number)	
Please select which of the follow applies to you:	
☐ Pregnant - Estimated Due Date:	☐ Breastfeeding
Please all 10 business days for you enhanced benefits to be effectiv	re.
I am indicating a status that I am either pregnant or brea	ation is true and correct, and that by completing this form, astfeeding for the purpose of Surency Vision providing the ain information from my treating physician to confirm the
Signature	 Date

Return completed form to Surency at email: eligibility@surency.com or mail: P.O. Box 789773, Wichita, KS 67278-9773