

NYS Vision Plan Booklet Order Form

- **Instructions:** This form is to order additional supplies of NYS Vision Plan Booklets.
- Please email to nyshbahelp@davisvision.com or fax to 1-800-282-8927.
- Shipments will be sent in (5) five business days.
- If you have any questions, please call Davis Vision at 1-888-588-4823.

Booklet Order

Publication Code

Quantity

<input type="checkbox"/> Agency Police Services Unit (APSU)	SP02393 _____	_____
<input type="checkbox"/> Council 82 Security Supervisors Unit (C-82)	SP02394 _____	_____
<input type="checkbox"/> Management Confidential (M/C)	SP02395 _____	_____
<input type="checkbox"/> New York State Correctional Officers and Police Benevolent Association (NYSCOPBA)	SP02396 _____	_____
<input type="checkbox"/> Police Benevolent Association - Supervisors and Troopers (PBA-S) (PBA-T)	SP02397 _____	_____
<input type="checkbox"/> Public Employees Federation (PEF)	SP02398 _____	_____
<input type="checkbox"/> Police Investigators Association (PIA)	SP02399 _____	_____

Shipping Address

Health Benefit Administrator

Name: _____

Agency: _____

Agency Code: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Special Comments: _____