

**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](mailto: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.

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

**Shipping Address**

Health Benefit Administrator

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Special Comments: \_\_\_\_\_