

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

Participating Employer (PE)

SP02400

Shipping Address

Health Benefit Administrator

Name: _____

Agency: _____

Agency Code: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Special Comments: _____