

# VISION SERVICE PLAN

Enrollment Application — Please print or type

<b>A</b>	<b>ENROLLEE</b>	Group: <u>818401</u>
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_____ Last Name, First Name MI	- - Social Security Number
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_____ Street	_____ City, State, Zip Code
_____ Telephone Number	_____ E-Mail address

<b>Employee Group</b> <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Retired	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <hr/> <b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Emp. Status</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>	<b>Hire Date</b> _____ Month / Day / Year <hr/> <b>Birth Date</b> _____ Month / Day / Year
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## B ACTION REQUESTED

<input type="checkbox"/> New Enrollment (Open Enrollment) <input type="checkbox"/> Change to Existing Enrollment <input type="checkbox"/> Add New Dependent <input type="checkbox"/> Delete Dependent	Reason for Change: _____ _____ _____ Effective Date of Change: _____
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**I understand that I may be required by the employer to pay for these benefits**

<input type="checkbox"/> COBRA Enrollment Circle qualifying event: _____ Termination, Retirement, Reduction in hours, Divorced, Widowed, Surviving Dependent, Over-age dependent, Medicare, Legal Separation, (other) _____	Original Enrollee's SSN: _____ _____ Qualifying Date _____ Month / Day / Year
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## C DEPENDENTS

Spouse / Last Name, First Name MI	add / delete	Marriage / Divorce Month/Day/Year	Birthdate Month/Day/Year	M/F

  

Child(ren) / Last Name, First Name MI	add / delete	M/F	Birthdate Month/Day/Year	Disabled?
1				
2				
3				
4				
5				

<b>D</b> _____ Employee Signature	<b>For District Use Only</b> _____ Entered Date _____ Effective Date
_____ Date Signed	_____ Effective Date