

# VISION SERVICE PLAN ENROLLMENT/CHANGE FORM

## A-ENROLLEE (Completes this section for new enrollment or change of status)

Name: \_\_\_\_\_  
Last
First
Middle Initial

Address: \_\_\_\_\_  
Street
City
State
Zip

Telephone Number: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Action requested: \_\_\_\_\_  
month    day    year
New enrollment  
\_\_\_\_\_ COBRA enrollment  
\_\_\_\_\_ Change in enrollment

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_    Sex: M \_\_\_ F \_\_\_    Marital Status: \_\_\_ Single \_\_\_ Married

### COBRA Enrollment

I understand that I will be required by the employer to pay for COBRA benefits    Qualifying Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month    day    year

## B-CHANGE TO EXISTING ENROLLMENT (Complete all sections that apply)

Name change: \_\_\_\_\_    Add new dependent: \_\_\_\_\_    Delete dependent: \_\_\_\_\_

Reason for change: \_\_\_\_\_

Effective date of change: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month    day    year

## C-DEPENDENTS (Complete for new enrollment or to add or delete dependents)

Spouse Name Last (if different)    First	Middle Initial	Add/ Delete	Sex M F	Birthdate Mon/Day/Year	Marriage Date/ Divorce Date	Spouse's Social Security #
Child Name Last (if different)    First	Middle Initial	Add/ Delete	Sex M F	Birthdate Mon/Day/Year	If child is 19 yrs or older check one Full-time    Disabled Student	Child's Social Security #

## D-SIGNATURE (Form must be signed to be processed)

I understand there is no contribution required by me for coverage of myself or my dependents. (Exception - See COBRA enrollment)

Enrollee Signature: \_\_\_\_\_      Date: \_\_\_\_\_