



Vision Service Plan Retiree Enrollment Form

Enrollment form Waiver Form Change form

(Please indicate reason for change.)

- Name Change Address Change Change of employment status (Part-time to Full-time),
- Termination Remove family members Add family members Return from Leave/Layoff
- Marriage Birth Adoption – Specify date of Marriage/Birth/Adoption: _____
- Court ordered dependent Other (describe)_____.

Please **PRINT** clearly

Employee Name _____
Last First Initial

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ - _____ Social Security # _____ Date of Birth _____

Date of Hire _____ Requested Date of Coverage _____

Complete if you wish to have coverage for your dependents

Enroll your spouse and dependent children below:

Last Name	First Name	Relationship To employee	Date of Birth	Social Security Number

Dependents eligible for coverage under this plan are defined as:

1. Legal spouse of a covered employee.
2. Unmarried children to age 19 provided such children are dependent upon the employee for support and maintenance. College-age children shall be covered provided they are full-time students until age 24.
3. Children of a covered employee who have attained the age specified in paragraph 2 above, who are incapable of self-sustained employment due to a handicap of disability, and who are still dependent on the employee.

I, _____, would like to enroll in this plan and authorize payroll deductions.

Signature _____ Date _____