

VISION SERVICES PLAN ENROLLMENT FORM

First Name	Last Name	
Address	City	Zip Code
Home or Cell Phone Number	Social Security Number	Birth Date

Employment Status	
	Full-time Faculty
	Local 1
	Manager
	Supervisor
	Confidential

Location	
	CCC
	DVC
	SRC
	LMC
	Brentwood
	District Office

Action Required	
	New Enrollment
	Add Spouse
	Delete Spouse
	Add Dependent
	Delete Dependent
	Name Change
	Address Change
	SSN Change

Dependent Eligibility: An employee's dependent children may remain on the Vision Services Plan until their 26th birthday.

Participate	Non Participate	Vision Single	Vision 2-Party	Vision Family

Complete the table below for based on action for Spouse/ Domestic Partner, Dependent(s)

Add/Drop Coverage	First Name	Last Name	SSN	Birth Date	Relationship

I certify that the information provided above is accurate and correct.

Signature		Date	
------------------	--	-------------	--