



# City of Reedley

**Vision Service Plan  
Enrollment Form**

**Section 1. Enrollment/Change Election**

- |  |   |
|--|---|
| <input type="checkbox"/> New Enrollment<br><br><input type="checkbox"/> Decline/Waive Coverage<br><br><input type="checkbox"/> Enrollment Due to Loss of Other Coverage<br>Date Other Coverage Ended _____ | <input type="checkbox"/> Add Dependent<br><br>Date of Marriage, Birth or Adoption _____<br><br><input type="checkbox"/> Delete Dependent<br><br>Date of Divorce, Death or Loss of Eligibility _____ |
|--|---|

**Section 2. Employee Information**

Last Name	First Name	Middle Initial	
Social Security Number	Date of Hire	Full-Time Yes      No	Hours Per Week
Home Street Address		City	State      Zip

**Section 3. Employee & Eligible Dependent Enrollment Information:** List only yourself and those eligible family members who are enrolling

An eligible dependent is an employee's lawful spouse, the unmarried children under the age of 23 of the employee or the employee's enrolled spouse and for whose support the employee is legally responsible.

Full Legal Name - Last, First, MI	Add	Drop	Relationship	Gender	Date of Birth	Social Security Number

**Section 4. Employee Enrollment Authorization**

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. I certify that the information I have provided is complete and accurate to the best of my knowledge.

**X** \_\_\_\_\_  
 Employee Signature (do not print) Date

**Coverage becomes effective the first of the month following an employee's hire date if an employee opts to enroll in this plan. Changes will become effective the first of the month after the event date as provided in Section 1 above.**