



# City of Reedley

Vision Service Plan  
Enrollment Form

### Section 1. Enrollment/Change Election

- New Enrollment  Add Dependent
- Decline/Waive Coverage Date of Marriage, Birth or Adoption \_\_\_\_\_
- Enrollment Due to Loss of Other Coverage  Delete Dependent
- Date Other Coverage Ended \_\_\_\_\_ 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.**