



**VISION SERVICE PLAN**  
**Enrollment/Change FORM**

Mark one:  County Retiree  Court Retiree **Effective Date:** \_\_\_\_\_

- New Enrollment       Termination of Coverage       Delete Dependent  
 Open Enrollment       Address/Name Change       Add Dependent

FOR SBCERS USE ONLY	From Code	To Code	To Premium
			\$

Retiree Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List covered individuals:

Name	Date of Birth MM/DD/YY	Relationship to Retiree	Add	Term
		Self		
		Spouse		
		Child		
		Child		
		Child		

\_\_\_\_\_  
Retiree's Signature

\_\_\_\_\_  
Date