

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