

VISION SERVICE PLAN

Open Enrollment Change Form and New Enrollment

Please return this form to your benefits administrator. Do not return to VSP

Name of Group (Employer) CHARTER OAK UNIFIED SCHOOL DISTRICT

GROUP ACCOUNT NUMBER 00-106697-0002-0002

Employee Name: _____
last name, first name, middle initial

Effective Date: _____

Employee Social Security Number: _____

Employee Date of Birth _____

Employee Date of Hire _____

Type of coverage selected:

_____ **Employee only**

_____ **Employee and one dependent**

_____ **Employee and family**

_____ **Decline Vision Coverage**

Dependent/s Name **Birthdate** **Social Security Number**

Employees and dependents electing the coverage must remain on the plan the entire contract period.

Employee Signature

Date