

Vision Service Plan Membership Enrollment / Change Form

Name of Group / Division **Passaic Board of Education** Group Number **30049417**

1	Last Name / First Name / MI	Social Security No.	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address	City	State	Zip
2	Effective Date of Coverage or Change	3	Date of Hire	
4 Coverage Level				
		PLEASE CHECK THE APPROPRIATE ACTION CODES FOR CHANGES		
<input type="checkbox"/>	Employee Only	THIS CHANGE IS FOR: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT(S) TYPE OF CHANGE: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE TO COBRA <input type="checkbox"/> CANCEL COVERAGE <input type="checkbox"/> NAME CHANGE, FORMERLY		
<input type="checkbox"/>	Employee + One			
<input type="checkbox"/>	Employee + Children			
<input type="checkbox"/>	Employee + Family			
<input type="checkbox"/>				
Please List All Of Your Dependents That Will Be Enrolled In The Program				
5	Last Name / First Name / MI	Social Security No.	Date of Birth	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
Please Return To Your Human Resources Department. Do Not Return To VSP				

DIVISION NO.

- 0001 PASSAIC BOARD OF EDUCATION (PAEOP)
- 0002 PASSAIC BOARD OF EDUCATION (PADCAM)
- 0003 PASSAIC BOARD OF EDUCATION (PMCCA)
- 0004 PASSAIC BOARD OF ED (ALL OTHER EMPLOYEE)
- 0005 PASSAIC BOARD OF EDUCATION (PASA)
- 0006 PASSAIC BOARD OF EDUCATION (EAP)
- 0007 PASSAIC BOARD OF EDUCATION (RETIREEES)
- 0008 PASSAIC BOARD OF EDUCATION (COBRA)
- 0009 PASSAIC BOE (SELF PAY RETIREE)

I certify that the information above is true and correct to the best of my knowledge.

Employee Signature X _____ **Date** _____