

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)			
<input type="checkbox"/>	Employee + One	TYPE OF CHANGE: <input type="checkbox"/> NEW ENROLLMENT			
<input type="checkbox"/>	Employee + Children	<input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> NAME CHANGE			
<input type="checkbox"/>	Employee + Family	<input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE TO COBRA			
		<input type="checkbox"/> CANCEL COVERAGE <input type="checkbox"/> NAME CHANGE, FORMERLY			
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** _____