Santa Clara County Schools' Insurance Group

VISION SERVICE PLAN

MEMBERSHIP ENROLLMENT

School District:				Effective Date of Enrollment:
1.	Plan Type (choose one), please be advised that your District may not have all the Vision plans available, (please check with your Benefits Coordinator): ☐ Premium Group #: ☐ High Plan Group #: ☐ Low Plan Group #:			
	Change in Enrollment (Qualifying Event): ☐ New Hire ☐ New Enrollment (loss of coverage) ☐ Open Enrollment ☐ Terminate Employee/Spouse/Child Coverage ☐ Address Change ☐ Marital Status Change ☐ Name Change (Marriage/Divorce) ☐ Other:			
2.	Social Security No.	Date of Birth	Gender ☐ Non-binary ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorce ☐ Separated ☐ Widowed
	Employee Last name	Employee First Name	Middle Initial	Cellphone / Email: ☐ Work ☐ Personal
	Address (Street, City, State, Zip)			
3.	Do you have dependent children? ☐ Yes ☐ No Do your dependent children, if over age 18, attend school full time? ☐ Yes ☐ No Are you enrolling your dependents in the Vision plan? ☐ Yes ☐ No			
4.	Does your spouse have a vision Plan? ☐ Yes ☐ No If yes, who is covered? ☐ Yourself ☐ Spouse ☐ Dependent			

5.	DEPENDENTS - LIST ALL ELIGIBLE DEPENDENTS, SPOUSE (SP), DOMESTIC PARTNER (DP), CHILD (CH), IF FAMILY COVERAGE IS AVAILABLE AND SELECTED BY YOU					
	Name First Name Middle Initial		Social Security No. ### - ## - ####	Date of Birth Mm/dd/yy	Gender (Non-binary / Male / Female)	Relationship to Employee (Sp/DP/Ch)

Employees MUST complete their enrollment and provide proof of legal documents within 30 days of a life-changing event (ex. New Hire, loss/gain coverage, marriage, divorce, newborn/adoption addition, death, etc.). Type of Documents are Marriage Certificate, Domestic Partnership CA State Registration, Birth Certificate, and Court Document for Adoption, and Immigration Port of Entry, etc.

Employee Signature Date

Return Enrollment Form to your District Benefits Coordinator