Enrollment/Change Form

Please print and complete all sections.
See instructions below.

EMPLOYER INFORMATION			
Group Number	**Employer Name**	**Location Code – Not Used**	**Effective Date**
9764952	CAJON VALLEY UNION SCHOOL DISTRICT		

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

☐ADD ☐TERM ☐CHG	Gender ☐ M ☐ F	Member ID - Not Used	Last Name (Employee)	First Name	MI	Date of Birth

Social Security #	Home Street Address	City/State/Zip	Home Phone ( )

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

☐A ☐T ☐C	Sex ☐ M ☐ F	1 Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security #
☐A ☐T ☐C	Sex ☐ M ☐ F	2 Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security #
☐A ☐T ☐C	Sex ☐ M ☐ F	3 Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security #
☐A ☐T ☐C	Sex ☐ M ☐ F	4 Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security #
☐A ☐T ☐C	Sex ☐ M ☐ F	5 Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security #
☐A ☐T ☐C	Sex ☐ M ☐ F	6 Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security #

Employee Signature: _____ Date: _____

Your Authorization: I authorize **pretax** vision plan payroll deductions for:
Employee only tenthly…$ **9.07** **Employee + 1** tenthly. . . $**17.13** **Employee + family** tenthly……$**25.11**

Once you elect EyeMed vision coverage, you cannot cancel for a 12-month period based upon your enrollment date. Deductions are adjusted according to payroll frequency. I understand future rates for **48-month** renewal of this plan will be negotiated between my employer and EyeMed Vision Care.

Instructions:

Effective date: This date is set by your employer in accordance with EyeMed proposal. The employer also sets effective date for new adds during contract period.

Family Information: List only eligible family members who are enrolling.
Dependent eligibility is the same as employer's health plan.
(A) Add: Open (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name, employee address or employee phone.

Payroll Use Only: Effective Date _____ 32029 01 02 03 By_____

Rev. 10/2025