Vor VISION SERVICE PLAN ENROLLMENT FORM

Yosemite Community College District

Group#: 00 784001 0002 0001

Social Security Number:	Name:						
Date of Birth: //// Month Day Year	(Last) Address:		(Fir		(M.I.)	(1991).	
Date of Hire: /// Month Day Year	Phone: () (Home)	() (Home) (Office)					
Status: Married Single Gender: Female Male		Classification: Certificated Management Board Member SCC MJC CS					
ACTION REQUESTED							
Image Image <td< td=""></td<>							
COBRA ENROLLMENT							
Note: If Dependent is enrolling under own social security, the original Enrollee's social security number must be supplied. Qualifying COBRA Event: Qual				nt	Qualifying date // Month_Day_Year		
STATEMENT OF OTHER INSURANCE COVERAGE:							
Do you or another family member have other vision coverage? Yes No							
If yes, please complete:(Subscriber Name) (Carrier Name)							
(Social Security Number) (Date of Birth) (Carrier Address)							
(Group Name & Number)							
DEPENDENTS:							
Spouse Name First Middle initial	Last (if different)	Add/ Delete	Gender: (M/F)	Birthdate Month Day Year		riage/Divorce th Day Year	
				1 1	4 - 50-57-	/ /	
Child Name First Middle initial	Last (if different)	Add/ Delete	Gender: (M/F)	Birthdate Month Day Year	Full-time Student	19 or over (check one)	
				1 1	(12 Units)	Disabled	
				1 1			
				1 1			
				1 1			
				/ /			

X Enrollee's Signature:

Date: