



Chaffey College

Human Resources

VISION SERVICE PLAN ENROLLMENT/CHANGE FORM

It is the employee's responsibility to notify Human Resources of any family status change (i.e., marriage, divorce, new dependents, etc.) within 30 days of the event.

Employer Section:	OFFICE USE ONLY	
Please check one:	Event date: _____	Effective date: _____
<input type="checkbox"/> New enrollment (hire date is the event date):	_____	_____
<input type="checkbox"/> Change of Coverage (enter date of change)	_____	_____
<input type="checkbox"/> Marriage <input type="checkbox"/> Loss of dependent status <input type="checkbox"/> Divorce <input type="checkbox"/> Death: _____ <input type="checkbox"/> Add/Delete Dep. <input type="checkbox"/> Other: _____		
<input type="checkbox"/> COBRA enrollmentTerm date:	_____	_____
	Group Name: Chaffey College	Group Number: 00809401
	Active Division: 20	COBRA: 67

Employee Information (please print or type):							
Soc. Sec #: _____		Date of Birth: _____					
Last Name: _____		First Name: _____			MI: _____		
Address: _____							
Sex : <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status:					
		<input type="checkbox"/> Married <input type="checkbox"/> Single					
PLEASE LIST ALL OF YOUR DEPENDENTS:						Action	
Last Name	First Name	M.I.	Date of Birth	Sex	Add	Delete	SSN #
1.) Spouse					□	□	
2.) Children (include surname if different)					□	□	
3.)					□	□	
4.)					□	□	
5.)					□	□	
6.)					□	□	
X							
_____ Employee Signature				_____ Date			