

FOR OFFICE USE ONLY

Date of Hire: _____ Effective Date: _____ Date Submitted: _____

Upon completion of form, turn into
the Finance Department (City Hall, Room 208)



City of Kenosha
Vision Plan Enrollment Form



EMPLOYEE INFORMATION: NEW COVERAGE REQUEST FOR CHANGE TERMINATION OF COVERAGE **DECLINE VISION COVERAGE**

<i>Last Name, First Name, Middle Initial</i>		<i>Social Security #</i>	<i>Date of Birth</i>	<i>Sex</i>
<i>Home Address</i>		<i>City, State, Zip Code</i>	<i>Home Phone #</i>	<i>Work Phone #</i>
<input type="radio"/> Single	<input type="radio"/> Hire Date: _____	<input type="radio"/> <i>Employee Only</i> \$8.99 per month	<input type="radio"/> <i>Employee + Child(ren)</i> \$17.84	
<input type="radio"/> Married	<input type="radio"/> Department: _____	<input type="radio"/> <i>Employee + Spouse</i> \$17.08 per month	<input type="radio"/> <i>Employee + Family</i> \$27.52	

COVERAGE INFORMATION (of Dependents): _____ **If a Qualifying Event, Select One:**

<i>Last Name, First Name, Middle Initial</i>	<i>Relationship</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>Full-Time Student?</i>	New Enrollment <input type="checkbox"/>	Canceling Coverage <input type="checkbox"/>
					No Yes	Marriage <input type="checkbox"/>	Divorce <input type="checkbox"/>
					No Yes	Newborn Child <input type="checkbox"/>	Adoption/legal custody of child <input type="checkbox"/>
					No Yes	Legal custody of parent <input type="checkbox"/>	Dependent child married/reached limiting age <input type="checkbox"/>
					No Yes	Death <input type="checkbox"/>	Obtained other insurance <input type="checkbox"/>

AUTHORIZATION: I agree to the above election in the vision plan for the plan year, with the exception of an approved, qualifying event; please sign below:

SIGNATURE: _____ DATE: _____