



DEPARTMENT OF  
**HUMAN RESOURCES**

Our Mission: To create a thriving organization, providing meaningful careers in public service.

**VISION PLAN DEPENDENT  
ENROLLMENT/CHANGE FORM**



EMPLOYEE NAME \_\_\_\_\_

PERSONNEL NUMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Dependent Name	Relationship	Date of Birth	Enroll	Waive*

\*If waiving dependent(s), you must also complete and submit a Waiver of Vision Coverage form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return to the Human Resources Department, Room 415