



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