CITY AND COUNTY OF BROOMFIELD ENROLLMENT AND PAYROLL AUTHORIZATION VISION SERVICE PLAN

 □ Initial Enrollment □ Open Enrollment □ Special Enrollment □ Drop Coverage - Date: □ Status Change: □ Add Dependents □ Delete Dependents □ Name Change □ Address Change 									
☐ Status Char Reason:	nge: □ Add Dependend	<u> </u>	eiete Depender	its 🗆 Name	Change 1	→ Address Change			
□Marriage	(Date) Date)	Adoptio	(Date)	□ Divorce_ _ □ Other_	(Date)	□Over-age Limit	Date)		
Last Name:			First Na	ame.				⁄II:	
Social Security	#:			yee ID #:		Telephone:	1 ()	11.	
	ss(Street or PO Box):		Limpio	, ee 12 ".		Telephone.			
City:	(State:			Zip Code:			
,	nge Effective Date:	Hir	re Date (Month	/Day/Year):		Employee Birth D	Date (Mo/Da	ay/Yr):	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	J .		1 3	<u> </u>		
Gender: □ Ma	le 🗆 Female	Marita	ıl Status: □ Sir	ngle □ Mai	rried				
	•								
I desire to be enrolled as indicated below in the Vision Service Plan coverage. (Please list only the eligible dependents you want covered on each plan.)									
List Eligible Dependents Names			Gender Birth Date		ate	Social Security #:	Add	Remo	ve
(Include last name if different)			M/F	Mo/Day	/Yr				
Spouse									
Child									
Child									
Child									
Child									
I agree to the necessary payroll deductions for the coverage indicated below:									
☐ Employee ☐ Employee plus 1 dependent ☐ Employee plus 2 or more dependents									
I elect to pay my Vision premiums on the following basis: $\ \Box$ Before Tax or $\ \Box$ After Tax									
By electing to have my premium(s) deducted from my pay pre-tax, I agree to the terms and conditions of the flexible spending plan (Section 125 of the IRS Code). I understand that the election is irrevocable for the plan year unless I experience a qualifying event that results in a change of status which affects eligibility. This premium election will continue on through the next plan year unless I notify Human Resources in writing during an open enrollment period.									
Signature:						Date:			