

Oak Ridge Schools Vision Insurance Plan

- New Enrollment
- Qualifying Event
- Open Enrollment



Employee Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____ M F

- Employee Only No Cost
- Employee + Spouse \$20.63
- Employee + Child(ren) \$22.08
- Employee + Family \$35.40

Declined

Dependents		Social Security Number	Date of Birth
Spouse:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> M <input type="checkbox"/> F	

Signature: _____

Date: _____

Please return to Human Resources - do not send to VSP

Human Resources:
 Effective Date: _____ VSP Benefit Change Form

Information on your vision plan can be found in our benefit portal at ORS website or at VSP.com