

STATE OF DELAWARE OFFICE OF PENSIONS

VISION APPLICATION OR REFUSAL

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

		Effective Date:		
A. PLEASE CHECK THE APPI	ICAR	I F BOX OR BOXES:		
New Enrollment	JICH ID	Termination/Refus.	al Cha	inge of Dependents
Coverage Change Address Change		Nar	Name Change	
B. PLEASE SELECT THE COV	/ERAC	GE OPTION:		
Individual		Individual & Child(ren)		
Individual & Spouse			Family	
C. PLEASE SELECT ONE VIS	ION PI	LAN:		
High				
Low				
D. PLEASE COMPLETE ALL PERSONAL I Pension ID or SSN: Nam		NAL INFORMATION: Name (Last, First, Middle Initia	l):	Date of Birth:
		The case, the second se		
Address:				Home Phone Number:
	_	,		
City:	State		Zip Code:	Work Phone Number:
E. PLEASE LIST ALL FAMILY	MEMI	DEDC TO DE COVEDED.		
E. I LEASE LIST ALL PAINILT		BERS TO BE COVERED.		
Last Name		First Name	Date of Birth	SSN
Last Name Self		First Name	Date of Birth	SSN
		First Name	Date of Birth	SSN
Self Spouse Child		First Name	Date of Birth	SSN
Self Spouse Child fulltime student disabled		First Name	Date of Birth	SSN
Self Spouse Child fulltime student disabled Child		First Name	Date of Birth	SSN
Self Spouse Child fulltime student disabled Child fulltime student disabled Child Child		First Name	Date of Birth	SSN
Self Spouse Child fulltime student disabled Child fulltime student disabled		First Name	Date of Birth	SSN
Self Spouse Child fulltime student disabled Child fulltime student disabled Child Child	oll in th l are eli nis is a	e benefit election and staten ne vision election noted. I un gible dependents as defined binding election. Once enrol	nents made on this form are true inderstand that by completing an by the State's Eligibility and Er led, I may not drop or change co	e and my choice. I have completed and signing the required forms, I am arollment Rules (found on the SBO overage during the plan year unless
Self Spouse Child fulltime student disabled Child fulltime student disabled Child fulltime student disabled Child fulltime student disabled By my signature below, I hereby ce the required forms necessary to enraffirming that any dependents noted website Section 2.0). I understand the	oll in the lare elinis is a warran	e benefit election and staten ne vision election noted. I un gible dependents as defined binding election. Once enrol	nents made on this form are true inderstand that by completing an by the State's Eligibility and Er led, I may not drop or change co	e and my choice. I have completed and signing the required forms, I am arollment Rules (found on the SBO overage during the plan year unless