



VISION TRANSACTION FORM Orange County Self-Insured

Last Name	First Name	Middle
Street Address		Social Security Number
City	State	Zip
Date of Birth		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Date of Marriage/Status
<input type="checkbox"/> Decline Coverage		Date of Hire
<input type="checkbox"/> Request Individual Enrollment		<input type="checkbox"/> Request Family Enrollment (complete dependent information)
<input type="checkbox"/> Change Name – Previous Name:		Date:
<input type="checkbox"/> Change to Individual – Reason:		Date:
<input type="checkbox"/> Change to Family – Reason:		Date:
<input type="checkbox"/> Add a Dependent – Reason:		Date:
<input type="checkbox"/> Remove a Dependent – Reason:		Date:
List Name of Dependent(s) to be added or removed		
Last Name	First Name	Date of Birth
Relationship	Social Security	

Note: Relationship: SP- Spouse; Dtr – Daughter; Son-Son; S/Son – Stepson; S/Dtr – Stepdaughter; L/G Legal Guardianship

Is your spouse employed by Orange County OR Orange County Community College? ☐ Yes ☐ No

YOU MUST PROVIDE PROOF for all dependents being added to your coverage for the first time; copy of government issued marriage certificate if adding spouse, birth certificate(s), social Security card(s), legal guardianship papers, etc. Remove dependents as soon as they are no longer eligible; you must remove ex-spouse as soon as divorce is final. Copy of the divorce decree (first and last page) and ex-spouse's current address are required.

I understand that if I am required to make contributions as a result of this request, my employee contributions for the benefit will be take on a pre-tax basis (IRS Section 125) unless I notify RISK Management, in writing, to the contrary.

Signature: _____ Date: _____

Department: _____

For RISK Use only:

Group No.	Dept No.	Effective Date	Documents on file	O.C.S.I.	EH	EX	EL