



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: Single Married Widowed Divorced		Date of Marriage/Status		
Decline Coverage		Date of Hire		
Request Individual Enrollment		Request Family Enrollment (complete dependent information)		
Change Name – Previous Name:		Date:		
Change to Individual – Reason:		Date:		
Change to Family – Reason:		Date:		
Add a Dependent – Reason:		Date:		
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: _____

For RISK Use only:

Group No.	Depart No.	Effective Date	Documents on file	125 Status Chg form