



VISION TRANSACTION FORM

Orange County Self-Insured

*******OPTION TRANSFER 2012*******



Last Name		First Name		MI	
Street Address			Social Security Number		
City		State	Zip Code		Date of Birth
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Date of Marriage		
<input type="checkbox"/> Decline Coverage			Date of Hire		
<input type="checkbox"/> Request Enrollment – Individual		<input type="checkbox"/> Request Enrollment – Family		Complete Dependent Information	
<input type="checkbox"/> Change Name – Previous Name Was:					
<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 No.	

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. .
Plan covers dependents up to age 19. Dependents 19-25 years old must be full-time students. Full-time student verification must be sent each semester to Fitzharris Administrators.

I understand that if I am required to make contributions as a result of this request, my employee contributions for the benefit will be taken 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.	Dept No.	Effective Date	Documents on File	