



VISION TRANSACTION FORM

Orange County Self-Insured



Last Name		First Name		MI
Street Address			Social Security Number	
City	State	Zip Code		Date of Birth
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced			Date of Marriage	
☐ Decline Coverage			Date of Hire	
☐ Request Enrollment – Individual			☐ Request Enrollment – Family	
			Complete Dependent Information	
☐ Change Name – Previous Name Was:				
☐ 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 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. **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 most recent 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 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	125 Status Chg Form