State of California - Department of Personnel Administration

RETIREE VISION PLAN ENROLLMENT AUTHORIZATION

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Please type or use ballpoint pen, print clearly - send completed forms to vision plan vendor.
See General Terms of Enrollment and Privacy Statement on back.

Section A - Retiree Information

Name: Last _____ First _____ MI _____
Social Security Number: _____ Date of Birth: _____

Type of Action	Mailing Address (Number and Street)
☐ New Enrollment	_____
	City_____, State _____ Zip Code _____ Phone # ( ) _____

Section B - Dependent Information (if no dependents, skip **Section B** and go to **Section C**)

Name	Relationship	Social Security Number	Date of Birth

If more dependents, attach additional pages; only eligible, authorized dependents may use the plan.

Section C - Enrollment Election

☐ I elect to enroll in a vision plan as shown above and authorize deduction to be made from my retirement warrant by my retirement system to cover my share of the cost of enrollment as it is now or may be in the future.

Furthermore, the vision plan vendor is authorized to transmit and my retirement system is authorized to accept enrollment data from the vision plan vendor. My retirement system shall consider my appearance on enrollment data in any form from the vision plan vendor as my authorization and agreement to initiate and make continuing deductions from my retirement warrant for payment of premiums for a minimum 12 month period. I understand that depending on the enrollment date, my enrollment period may be greater than 12 months.

☐ I do not wish to enroll into the Retiree Vision Plan.

I have read and understand the general terms of enrollment. (See reverse side - page 2):

Retiree's Signature: _____ Date Signed: _____

Section D *(For Employing Agency Use only)*

1. Deduction Code: 475	2. Party Code:____	3. Retiree Premium Deduction Amount $_____	4. Effective Date of Enrollment: _____	5. BU/CBID at Retirement: _____
	6. Permitting Event Date: _____	7. Permitting Event Code 50	8. Agency Name: _____ Unit Code: _____ Agency Code: _____	
9. Remarks New Enrollment - Retiring From State:_____ Separation Date:_____ Retirement Date:_____		10. Agency Telephone Number: ( ) 11. Date of Agency Signature: _____	12. I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employee named herein is eligible for enrollment into the State Retiree Vision Plan. Authorized Agency : _____ Signature:_____	

1 copy to Vendor 1 copy to Employing Agency 1 copy to Retiree/Annuitant

(7/2010)

PRIVACY NOTICE:

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the vision plan vendor and the California Public Employees' Retirement System (CalPERS), Judges' and Legislators' Retirement Systems (JRS/LRS), the California State Teachers' Retirement System (CalSTRS), and the California State Military Retirement System (MRS) for the purposes of identification and insurance coverage processing. It is mandatory to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis and are used by the vision insurance company for statistical and actuarial purposes. Failure to provide the mandatory information may result in the vision insurance enrollment action not being processed or being processed incorrectly.

The State's contracted vision plan vendor and the CalPERS/JRS/LRS/CalSTRS/MRS require the retiree's/annuitant's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act. Information provided on the form will be forwarded to the vision plan vendor providing coverage for the employee. Copies of the Retiree Vision Plan Enrollment Authorization are maintained in confidential files of the State's contracted vision plan vendor and with CalPERS/JRS/LRS/CalSTRS/MRS for five years. Employees have the right of access to copies of their Vision Plan Enrollment Authorizations upon request. Send requests to the vision carrier at: Vision Service Plan, Attn: Client Services MS 229, PO Box 997100, Sacramento, CA 95899-9986 or fax requests to: (916) 463.9031.

General Terms of Enrollment - Please read carefully:

Retirees/Annuitants enrolling into this program will be restricted to maintaining enrollment for a minimum period of 12 months. Length of enrollment may be greater depending upon when you enroll into the plan. A plan year runs from January 1 of any year through December 31 of the same calendar year. Employees retiring and enrolling into this program will be restricted to maintaining their enrollment for the balance of the plan year in which they enroll and must maintain enrollment for 12 months in the following plan year unless a permitting event occurs to change their enrollment. Permitting event policy is established by the plan administrator, the Department of Personnel Administration.

Only eligible dependents may be enrolled into this plan with the retiree/annuitant. Should you as the eligible retiree/annuitant enroll ineligible dependents, or otherwise maintain ineligible dependents on your plan, you may be held liable for the cost of any and all claims for services rendered. An ineligible dependent is any person you have enrolled onto your vision benefits plan or otherwise maintained on your vision benefits and is not considered an eligible dependent under the enrollment rules of the Department of Personnel Administration. Should you have questions related to enrollment under this program, you may contact the Department of Personnel Administration at: (916) 323-2712.