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VSP-Attn: Client Administrative Services, MS 229
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Print Form
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Retiree Vision Plan Enrollment
California Department of Human Resources
State of California

NOT FOR OPEN ENROLLMENT USE

A. Retiree Information

Employee Name (First, MI, Last)		Social Security Number	Date of Birth	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Mailing Address (Number and Street)		City	State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Action:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change	Choose Vision:	<input type="checkbox"/> Premier Plan
	<input type="checkbox"/> COBRA	<input type="checkbox"/> Cancel		<input type="checkbox"/> Basic Plan
				Telephone #
				<input type="text"/>

B. 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 any Retiree Vision Plan.

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

Retiree's Signature _____ Date Signed _____

C. Dependent Information

Name	SSN	Date of Birth	Gender	Dependent Type*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Dependent Types:**

S - Spouse, **DP** - Domestic Partner, **C** - Natural/Adopted Child, **SC** - Step Child, **DPC** - Domestic Partner Child, **PCR** - Parent Child Relationship

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

D. For Employing Agency Use Only

1. Deduction Code 475	2. Party Code	3. Retiree Premium Deduction	4. Effective Date of Enrollment	5. BU/CBID at retirement
6. Permitting Event Date		7. Permitting Event Code	8. Agency Name	
9. Unit Code	10. Agency Code	11. Separation Date	12. Retirement Date	13. Agency Phone Number

I hereby certify under penalty of perjury as follows: 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.

Name: _____ Signature: _____ Date: _____

1 copy to Vendor, 1 copy to Employing Agency, 1 copy to Retiree

California Department of Human Resources Privacy Notice on Information Collection

The California Department of Human Resources (CalHR) is committed to the privacy of your personal information. We only collect information we need through lawful means to enable us to fulfill our mandated human resources obligations to the State of California civil service workforce.

All relevant information we collect is governed by the State of California Information Practices Act of 1977 (Civil Code § 1798-1798.78), Government Code § 11015.5, Government Code § 11019.9, and the California Public Records Act (Government Code Section 6250 et seq.).

Legal Authority for Collection and Use of Information

The California Department of Human Resources (CalHR), Benefits Division, is requesting the information specified on this form pursuant to the requirement set forth in California Code of Regulations Section 599.500(o).

The information collected will be used for verification of your relationship of the dependent child(ren), eligibility verification, payroll deduction, reporting to other state and federal agencies, coordination of benefits with other plans, solution of employee complaints, grievances, and appeal with the dental and/or vision plan(s).

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR and your employer will not be able to allow your dependents to be enrolled onto your dental and/or vision plan(s).

Disclosure and Sharing

CalHR does not, under any circumstance, sell your collected personal information. We also do not share your personal information with any organizations or individuals outside of CalHR.

However, we may share your personal information under the following circumstances:

1. To other state departments and third-party vendors for administering our human resource responsibilities as required by law.
2. You give us permission and we have your consent.
3. We may release information to a party with a legal authority such as a subpoena

Privacy Policy

The information collected on this form is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please refer to the [State Controller's Office Privacy Policy](#), and [Vision Service Plan's \(VSP\) Notice of Privacy Practices Policy](#).

Access to Your Information

You can review any personal information we collect about you. If you have any questions or concerns, please contact:

State Controller's Office
Personnel/Payroll Operations Bureau
Attention: Benefits Unit
P.O. Box 942850
Sacramento, California 94250-5878

VSP Contact:
Attention: Privacy Specialist
3333 Quality Drive
MS-163
Rancho Cordova CA 95670
916-858-7432

General Terms of Enrollment - Please read carefully:

Retirees enrolling into this program will be restricted to maintaining enrollment for a minimum period of twelve 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 twelve months in the following plan year unless a permitting event occurs to change their enrollment. Permitting event policy is established by the plan administrator, CalHR.

Only eligible dependents may be enrolled into this plan with the retiree. Should you as the eligible retiree 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 CalHR. Should you have questions related to enrollment under this program, you may contact CalHR at: (916) 322-0300.