Vision Plan Application
State of Wisconsin Retiree/Annuitant

Section I

Applicant Information			
Name (Last, First, MI) ,			Birth Date (MM/DD/YY)
Address	City	State	ZIP

Section II

Reason for Submitting Application (Check the appropriate reason)

- ☐ Initial Retiree/Annuitant Enrollment (Complete all Sections)
- ☐ Change of Name or Address (Complete Sections I and V only)
- ☐ Adding a Dependent [Complete all Sections, listing in Section IV the dependent(s) being added]
  - ☐ Marriage _____ (date)
  - ☐ Birth _____ (date)
  - ☐ Adoption _____ (date)
  - ☐ Other _____ (date)
- ☐ Deleting Dependent(s)
  - ☐ Death _____ (date)
  - ☐ Divorce _____ (date)
  - ☐ Dependent reached age limit _____ (date)
  - ☐ Other _____ (date)
- ☐ Canceling Coverage (Complete Sections I and V only)
  *Note: Cancellation is effective at the end of the year in which the cancellation form is submitted
- ☐ Termination _____ (date)
- ☐ Other _____ _____ (date)

Section III

Coverage Desired	Monthly Rates
☐ Retiree/Applicant Only	$6.38
☐ Retiree/Applicant + Spouse	$12.76
☐ Retiree/Applicant + Child(ren)	$12.76
☐ Retiree/Applicant + Family	$14.98

Section IV

Complete the following information ONLY for individuals covered by the policy

Last Name	First Name	Birth Date (mm/dd/yy)	Gender	Relationship
			☐ M ☐ F	
			☐ M ☐ F	
			☐ M ☐ F	
			☐ M ☐ F	
			☐ M ☐ F	

Section V

Date, Sign and Submit this form to the Department of Employee Trust Funds (ETF)

By signing below, I agree that all information is true. I understand that I am enrolling in a voluntary plan and that VSP will automatically deduct the entire monthly vision premiums from my annuity (if available). I agree to continue enrollment in the vision plan through December 31 of the current calendar year. To cancel my coverage, I must submit a request for cancellation prior to December 1 of the current year to cancel coverage beginning January 1 of the following year.

Date (mm/dd/yy)	Signature

For Office Use Only

ETF Member ID (8 digits)	Hire Date	Location	Coverage/Change Effective Date	Date Received	Received By	Group #
	N/A	N/A				30015309

Please mail completed form to: **VSP Client Admin Services, MS 422 PO BOX 997100, Sacramento CA 95899**
or fax to VSP at **916-463-9031**

Rev 9/18