



City of Newport News
Employees' Retirement and Benefits Office
 2400 Washington Avenue
 Newport News, VA 23607

Vision Insurance
 Enrollment & Change
 Form

New Enrollment

Benefit Option Change

Employee Name:	
SSN/EID:	
Date of Birth:	
Date of Hire:	
Department:	
Effect Date of Insurance:	

Type of Coverage Selected:		
____ Employee	____ Employee + 1	____ Family
Last Name (If Different), First	Relationship	Birthdate MM/DD/YY
<i>spouse</i> 2		
<i>dependent</i> 3		
<i>dependent</i> 4		
<i>dependent</i> 5		
<p>I agree to have deductions taken out of my City payroll for the next 12 months and will continue each year thereafter unless changed or canceled during open enrollment each year.</p> <p style="text-align: center;">SIGNATURE _____ DATE _____</p>		

- If you choose the plan for yourself, complete the form and check **“Employee”**.
- If you choose to cover yourself and one family member such as a spouse or dependent child, check **“Employee +1”** and list the name of the spouse or dependent.
- If you choose to cover yourself and 2 or more family members, check **“Family”** and list all family members to be covered.
- Your unmarried dependent(s) may stay on your vision insurance through the end of the month in which he/she reaches 19 years, or 23 years if a full-time student.