



City of Newport News  
 Employees' Retirement Fund  
 2400 Washington Avenue  
 Newport News, VA 23607  
 (757) 926-8546  
 (757) 926-3548 Fax

**ENROLLMENT of  
 Benefit Form  
 for Retirees**

**VISION SERVICE PLAN**

SSN/EID \_\_\_\_\_ DOB \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NAME (LAST, FIRST, MI) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Type of Coverage:

\_\_\_\_ Employee

\_\_\_\_ Employee + 1

\_\_\_\_ Family

Last Name (If Different)	First	Initial	Sex M/F	Birthdate Mo/Day/Yr
<i>spouse</i> 2				
<i>dependent</i> 3				
<i>dependent</i> 4				
<i>dependent</i> 5				
<i>dependent</i> 6				

**I AGREE TO HAVE DEDUCTIONS TAKEN OUT OF MY PENSION PAYROLL FOR THE NEXT 12 MONTHS AND WILL CONTINUE EACH YEAR THEREAFTER UNLESS CHANGED OR CANCELED DURING OPEN ENROLLMENT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- 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 26.