

**VISION SERVICE MEMBERSHIP ENROLLMENT CARD**  
(PLEASE PRINT OR TYPE)

Name of Group: C U S D Date of Employment: \_\_\_\_\_

Enrollee Name: \_\_\_\_\_ Group Number: 00807201

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number/Name City State Zip

Sex: \_\_\_\_\_ M \_\_\_\_\_ F Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

\_\_\_\_\_ New Enrollment \_\_\_\_\_ Change to existing enrollment

\_\_\_\_\_ Transfer to COBRA \_\_\_\_\_ Add Dependent

\_\_\_\_\_ Transfer to Retiree Group \_\_\_\_\_ Drop Dependent

\_\_\_\_\_ Terminate Enrollment

**Dependent Information:**

SPOUSE NAME:	ADD/DROP	GENDER	BIRTHDATE
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_____	_____	_____	_____
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CHILD NAME:

_____	_____	_____	_____
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\_\_\_\_\_  
Enrollee's Signature Date

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*Office use only:*

Effective Date of Change: \_\_\_\_\_ Transaction made: \_\_\_\_\_