

VISION PLAN ENROLLMENT AUTHORIZATION

STD. 700 (REV. 8-97)

**PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY--SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE****SEE PRIVACY NOTICE ON REVERSE OF EMPLOYEE COPY****SECTION A**

1. ACTION TYPE ((Check one))		2. SOCIAL SECURITY NUMBER	3. MARITAL STATUS	4. SEX
1. <input type="checkbox"/> NEW--ENROLLING IN A PLAN FOR THE FIRST TIME (Complete Sections A, B, and D)			<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
2. <input type="checkbox"/> CANCEL--CANCELLING COVERAGE FOR ALL ENROLLEES (Complete Sections A, C, and D)		5. FULL NAME (First Middle Last)		
6. MAILING ADDRESS (Number and Street City County State ZIP Code)				

SECTION B (Do not complete this Section if the Cancel box in Section A is checked)

1. NAME OF VISION PLAN BEING AUTHORIZED	2. PROVIDER/FACILITY NUMBER (If applicable)
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SECTION C

1. NAME OF VISION PLAN BEING CANCELLED
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SECTION D

1. CHECK APPROPRIATE BOX

a. I do not wish to enroll in a vision plan.

b. I elect to enroll in a vision plan as shown above and authorize deductions to be made from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. **I certify that I will only obtain vision services for myself and eligible dependents as defined by the State of California. Any unauthorized use of these services by ineligible persons is a misuse of State funds.**

c. I elect to cancel the vision plan shown above.

EMPLOYEE'S SIGNATURE

**SECTION E (For agency use only)**

1. EMPLOYER DED. CODE 475	2. VISION PLAN CODE ORG. CODE	3. PARTY CODE 3	4. EMPLOYEE DEDUCTION AMOUNT \$	5. STATE SHARE AMOUNT \$	6. EFFECTIVE DATE OF ACTION 	7. EMPLOYEE DESIGNATION	8. BARGAINING UNIT
9. TOTAL PREMIUM AMOUNT \$	10. PERMITTING EVENT DATE 	11. PERMITTING EVENT CODE	12. AGENCY CODE	13. UNIT CODE	14. AGENCY NAME		
15. REMARKS				16. <input type="checkbox"/> CHECK HERE IF PERMANENT INTERMITTENT EMPLOYEE			
				17. AUTHORIZED AGENCY SIGNATURE <i>I hereby certify under penalty of perjury as follows: That 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 in the State vision insurance program.</i>			
				18. TELEPHONE NUMBER (Indicate if CALNET or give area code) ()		19. DATE RECEIVED IN EMPLOYING OFFICE (MO. DAY YR.)	

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PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the vision insurance company for the purposes of identification and insurance coverage processing.

It is **mandatory** to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis and are used by the vision insurance company for statistical and actuarial purposes. Failure to provide the **mandatory** information may result in the vision insurance enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the vision insurance company providing coverage for the employee. Copies of the Vision Plan Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Vision Plan Enrollment Authorizations upon request. The official responsible for access to the forms is: Chief of Personnel/Payroll Operations Bureau, State Controller's Office, P. O. Box 942850, Sacramento, California 94250-5878, Telephone Number (916) 323-4718.