

VISION PLAN DIRECT PAYMENT AUTHORIZATION

STD. 703 (REV. 12/2008)



INSTRUCTIONS: Review General Instructions on the reverse of this form. Then, complete the following parts of this form for employees enrolled in a vision plan who are going on nonpay status (i.e., the employee will **not** receive a warrant from the State Controller's Office).

- Parts A and B and Part D, Item 16 — Employees who do not wish to continue vision coverage.
- Parts A, C and D — Employees who wish to continue vision coverage.

PLEASE TYPE OR PRINT USING BALL POINT PEN**PART A EMPLOYEE INFORMATION**

1. SOCIAL SECURITY NUMBER (SEE REVERSE FOR DISCLOSURE STATEMENT)	2. NAME (First, Middle, Last)	3. DATE OF BIRTH
4. HOME PHONE NUMBER	5. MAILING ADDRESS (Street, City, State, Zip Code)	
6. VISION CARRIER	7. CARRIER ADDRESS	<input type="checkbox"/> Check here for 120-day Death Benefit

PART B COVERAGE NOT RETAINED

8. I do not wish to continue my vision plan coverage while off pay status. I understand my coverage will terminate at the end of the first full month I am off pay status and will not resume until the beginning of the second month after I return to pay status.

Employee Signature _____ Date _____

PART C PREMIUM PAYMENT AGREEMENT

9. Complete the premium calculations below. Direct payment may not exceed one year for the carrier. Payment must be for a three-month period or the length of the absence, whichever is less. The initial payment is due to the carrier on the first day of the month following the first full month the employee is off pay status. Installment and/or final payment(s) (if applicable) will then be due to the carrier on the first of each succeeding three-month period.

9 A. INITIAL PAYMENT (Submit directly to carrier with this form): \$ _____ Due Date: _____

9 B. INSTALLMENT PAYMENT(S) (IF APPLICABLE): \$ _____ Due Date(s) _____

9 C. FINAL PAYMENT (IF APPLICABLE): \$ _____ Due Date: _____

10. I agree to pay all premiums directly to the vision plan carrier listed above by the specified due date(s) to cover the cost of enrollment as it is now or as it may be in the future. I understand that failure to pay premiums will result in suspension of my coverage. I also understand that the carrier will not bill me for any premium and no employer contribution will be made during the direct payment period. I understand and certify that I only obtain services for myself and eligible dependents as defined by the State of California for this program.

Employee Signature _____ Date _____

PART D AGENCY INFORMATION (To be completed by the Personnel Office)

11. NAME OF EMPLOYING AGENCY	13. EMPLOYEE POSITION INFORMATION			
12. ADDRESS OF EMPLOYING AGENCY	AGENCY	UNIT	DESIGNATION	BARG. UNIT
14. REASON FOR DIRECT PAYMENT (SEE REVERSE FOR LIST OF SITUATIONS)				
15. DATES OF ABSENCE			16. PAY PERIOD OF LAST PREMIUM DEDUCTION	
MONTH DAY YEAR			MONTH YEAR	
FROM: _____ TO: _____				
17. AUTHORIZED AGENCY SIGNATURE			18. TELEPHONE NUMBER	19. DATE

1—CARRIER COPY**2—EMPLOYEE COPY****3—DEPARTMENT COPY**

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DISCLOSURE OF SOCIAL SECURITY NUMBERS

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any governmental agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The vision insurance carriers under contract with the State of California requests each enrollee's social security account number on a voluntary basis. However, it should be noted that due to the use of social security account numbers by the vision carriers for identification purposes, the vision insurance carriers may be unable to verify vision plan enrollment and ensure continuation of vision coverage without disclosure of the social security number.

Each vision insurance carrier may use the social security account number for enrollee verification and for eligibility processing only.

VISION PLAN DIRECT PAYMENT GENERAL INSTRUCTIONS**I. Types of situations necessitating direct payment by the employee to continue coverage include the following:**

1. Leave of absence other than NDI, IDL, or Workers' Compensation with Supplementation.
2. Appeal for dismissal. (COBRA provisions apply, direct payment provisions are not applicable.)
3. Suspension of one or more complete pay periods.
4. Permanent Intermittent, off pay status. (COBRA provisions apply, direct payment provisions are not applicable.)
5. Applied for Disability Retirement, off pay status.*
6. Awaiting IDL determination when all sick leave and vacation credits have been exhausted.*
7. For survivor of employee.
8. Under approved SDI Benefits.

* **NOTE:** Employees enrolled in a vision plan who are on non-pay status while awaiting a disability determination must direct pay if they wish to have their coverage continued. At such time as the Controller's Office issues warrants which include vision deductions for the months when the employee has made direct payment, the employee may apply directly to the carrier for a refund.

II. EMPLOYEES WHO DO NOT ELECT TO RETAIN VISION COVERAGE WHILE ON NON-PAY STATUS ARE SUBJECT TO THE FOLLOWING TERMS:

1. Coverage will automatically resume effective the first day of the second month following the employee's return to pay status.
2. Deductibles accrued prior to the non-payment period **will not** be carried over.
3. Portions of qualifying time accrued for required waiting periods prior to the non-payment period **will not** be carried over.

III. EMPLOYEES WHO ELECT TO RETAIN VISION COVERAGE WHILE ON NON-PAY STATUS ARE SUBJECT TO THE FOLLOWING TERMS:

1. It is the employee's responsibility to provide the carrier with a copy of the completed Vision Plan Direct Payment Authorization (STD. 703) and all payments by the established due dates(s). Do not send this Authorization to the Controller's Office or to the Department of Personnel Administration.
2. In the event the employee returns to pay status prior to completion of the period for which he/she has already made direct payment, the employee must write directly to the carrier to request a premium refund for any full, unused months of coverage.
3. Employees in Bargaining Units 5 and 6 must make all arrangements for direct payment through their exclusive representative.

IV. THE DEPARTMENT ROLE IN THE DIRECT PAYMENT PROCESS INCLUDES THE FOLLOWING:

1. Ensuring that this form is completed for all employees who are enrolled in a vision plan and on non-pay status for one or more complete pay periods.
2. Providing the employee with both the carrier and employee copies of the completed Vision Plan Direct Payment Authorization (STD. 703) and placing the departmental copy in the employee's personnel file.
3. Employee certifying that they will only obtain vision services for themselves and their eligible dependents, as defined by the State of California.
4. Referring all Bargaining Unit 5 and 6 employees who wish to make direct payment to their exclusive representative.

V. EXAMPLES FOR DIRECT PAYMENT CALCULATIONS:

1. An employee and spouse/domestic partner are enrolled in the ABC vision plan. The employee goes on a 6-month educational leave beginning October 1, 2008, and elects to retain vision coverage. (Assuming a rate of \$9.19.)
INITIAL PAYMENT: **\$27.57**. DUE DATE: **Nov. 1, 2008**.
INSTALLMENT PAYMENT(S): **\$—0—**. DUE DATE(S): **None**.
FINAL PAYMENT: **\$27.57**. DUE DATE: **Feb. 1, 2009**.
2. An employee, her spouse/domestic partner and child are enrolled in the ABC vision plan. On July 10, 2008, the employee has a baby and begins a one-year maternity leave. She elects to retain her vision coverage, goes on NDI until August 22, 2008, and then non-pay status for the duration of the leave ending July 9, 2009. (Assuming a rate of \$9.19.)
INITIAL PAYMENT: **\$27.57**. DUE DATE: **Oct. 1, 2008**.
INSTALLMENT PAYMENT(S): **\$27.57**. DUE DATE(S): **Jan. 1, 2009** and **April 1, 2009**.
FINAL PAYMENT: **\$9.19**. DUE DATE: **July 1, 2009**.