

NORTH RANCH BENEFITS TRUST
Employee Change Request Form – Vision
 Colorado and other applicable States as noted on Employer Application



Employer Name:		Division #	
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Employee Information		Requested Effective Date:	
Employee First Name:		Employee Last	
Social Security #:		Date of Hire:	
Mailing Address:			
City:		State:	Zip Code:
Phone:		Email:	

Your email address will not be used for any purpose other than communications from NRBT.

Change or Qualifying Event (give reason below)

Date of Change or Qualifying Event:

<input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Birth <input type="checkbox"/> Adoption	<input type="checkbox"/> Divorce <input type="checkbox"/> Address Change <input type="checkbox"/> Loss of Other Group Coverage: Proof of loss required. <input type="checkbox"/> Other _____
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CHECK YOUR PLAN SELECTION(S). OPTIONS AVAILABLE WILL BE BASED ON THE CHOICE(S) OFFERED BY YOUR EMPLOYER.

VOLUNTARY VISION SERVICE PLAN	EMPLOYER SPONSORED VISION SERVICE PLAN
<input type="checkbox"/> Vision Plan Please List Plan Name: _____	<input type="checkbox"/> Vision Plan
www.vsp.com	
<input type="checkbox"/> Employee ONLY <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Children <input type="checkbox"/> Family	<input type="checkbox"/> Employee ONLY <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Children <input type="checkbox"/> Family

Employee Information

Vision	First Name	MI	Last Name	Gender	Relationship	DOB MMDDYYYY	Disabled
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> SELF		N/A
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER		N/A
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CHILD		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CHILD		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CHILD		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CHILD		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Eligible employees, and their dependents, must enroll within 30 days of the group's new hire waiting period or a Qualifying Event.

Employee Signature		Date	
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