Send Completed Form to:
VSP–Attn: Client Administrative Services, MS 422
PO Box 997100
Sacramento, CA 95899-7100
Email: stateofca@vsp.com
Fax: 916.389.8304

Print Form
Reset Form

Retiree Vision Plan Enrollment

California Department of Human Resources
State of California

NOT FOR OPEN ENROLLMENT USE

A. Retiree Information

Employee Name *(First, MI, Last)* | Social Security Number | Date of Birth

Mailing Address *(Number and Street)* | City | State | Zip Code

Type of Action: ☐ New Enrollment ☐ Change ☐ COBRA ☐ Cancel

Choose Vision: ☐ Premier Plan ☐ Basic Plan

Telephone #

B. Enrollment Election

☐ I elect to enroll in a vision plan as shown above and authorize deduction to be made from my retirement warrant by my retirement system to cover my share of the cost of enrollment as it is now or may be in the future. Furthermore, the vision plan vendor is authorized to transmit and my retirement system is authorized to accept enrollment data from the vision plan vendor. My retirement system shall consider my appearance on enrollment data in any form from the vision plan vendor as my authorization and agreement to initiate and make continuing deductions from my retirement warrant for payment of premiums for a minimum twelve month period. I understand that depending on the enrollment date, my enrollment period may be greater than twelve months.

☐ I do not wish to enroll into any Retiree Vision Plan.

I have read and understand the general terms of enrollment. (See reverse side - page 2)

Retiree's Signature _____ Date Signed _____

C. Dependent Information

Name	Relationship	SSN	Date of Birth

If more dependents, attach additional pages; only eligible, authorized dependents may use the plan.

D. For Employing Agency Use Only

1. Deduction Code	2. Party Code	3. Retiree Premium Deduction	4. Effective Date of Enrollment	5. BU/CBID at retirement
475				

6. Permitting Event Date	7. Permitting Event Code	8. Agency Name

9. Unit Code	10. Agency Code	11. Separation Date	12. Retirement Date	13. Agency Phone Number

11. I hereby certify under penalty of perjury as follows: 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 into the State Retiree Vision Plan.

Name: _____ Signature: _____ Date: _____

1 copy to Vendor, 1 copy to Employing Agency, 1 copy to Retiree/Annuitant

California Department of Human Resources Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977.
The California Department of Human Resources (CalHR), Benefits Division, is requesting the information specified on this form, CalHR 695 Retiree Vision Plan Enrollment Authorization pursuant to the requirement set forth in California Code of Regulations Section 599.500(o).
The information collected will be used for verification of your relationship of the dependent child(ren), eligibility verification, payroll deduction, reporting to other state and federal agencies, coordination of benefits with other plans, solution of employee/retiree complaints, grievances, and appeal with the dental and/or vision plan and will be disclosed to The California Public Employees' Retirement System (CalPERS) and/or their contracted administrator, the State Controller's Office, and federal agencies that may require this information.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR and your employer will not be able to allow your Parent-Child Relationship (PCR) dependent to be enrolled onto your dental and/or vision plan(s).

Department Privacy Policy
The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy located at: http://www.calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information
The CalHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact:

CalHR Privacy Officer
1515 S Street, 500N
Sacramento, CA 95811
916-324-0455
CalHRPrivacy@calhr.ca.gov

General Terms of Enrollment - Please read carefully:

Retirees/Annuitants enrolling into this program will be restricted to maintaining enrollment for a minimum period of twelve months. Length of enrollment may be greater depending upon when you enroll into the plan. A plan year runs from January 1 of any year through December 31 of the same calendar year. Employees retiring and enrolling into this program will be restricted to maintaining their enrollment for the balance of the plan year in which they enroll and must maintain enrollment for twelve months in the following plan year unless a permitting event occurs to change their enrollment. Permitting event policy is established by the plan administrator, California Department of Human Resources.

Only eligible dependents may be enrolled into this plan with the retiree/annuitant. Should you as the eligible retiree/annuitant enroll ineligible dependents, or otherwise maintain ineligible dependents on your plan, you may be held liable for the cost of any and all claims for services rendered. An ineligible dependent is any person you have enrolled onto your vision benefits plan or otherwise maintained on your vision benefits and is not considered an eligible dependent under the enrollment rules of California Department of Human Resources. Should you have questions related to enrollment under this program, you may contact California Department of Human Resources at: (916) 322-0300.