



Fallbrook Elementary School District Vision Service Plan Enrollment/Change Form

ENROLLEE INFORMATION:		Effective Date _____		
Last Name _____		First Name _____		MI _____
Street Address _____				
City _____		State _____	Zip Code _____	
Employee SS# _____ - _____ - _____		DOB ____/____/____		
(Check One)				
Employee Only _____		Employee + One Dependent _____		Employee + Family _____
Dependent Information				
*Add (A) *Term (T)	Last Name, First Name, MI	Relationship	Sex	DOB
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
			M F	__/__/__
*A = Add Dependent *T = Terminate Dependent				
Employee Signature _____			Date _____	