



# Vision Benefit Enrollment Form

**OPEN ENROLLMENT DEADLINE: March 31, 2020**

**NOTICE:** All eligible participants interested in obtaining vision coverage are required to return a completed *Vision Benefit Enrollment Form* to the Fund Office via mail, fax or email at the address above by **March 31, 2020**.

**If you do not return a completed *Vision Benefit Enrollment Form* by the deadline, you and your family will lose your vision coverage effective May 1, 2020.**

## SECTION 1—PARTICIPANT INFORMATION

Participant Name (First, Middle Initial, Last)

Participant Social Security Number  
or Medical ID Number (T-number)

Address

City, State, ZIP Code

Date of Birth

Phone Number

Email Address

(You must use a U.S. address to qualify for VSP.)

## SECTION 2—VISION BENEFIT ELECTION

I elect the **VSP CHOICE** benefit for myself and eligible dependents effective May 1, 2020.

## SECTION 3—PARTICIPANT AGREEMENT AND SIGNATURE

I have read and understand the material provided describing my vision benefit. I have asked any questions to the Southern California Pipe Trades Administrative Corporation or Vision Service Plan (VSP) and have received acceptable answers.

I understand that if I do not return a completed *Vision Benefit Enrollment Form*, my vision coverage will be terminated.

If I submit a completed *Vision Benefit Enrollment Form* after the deadline, my vision coverage will be effective at the beginning of the month following the date when my completed *Vision Benefit Enrollment Form* is received by the Fund Office.

**X**  
Participant Signature

Date