

TRENTON PUBLIC SCHOOLS

VSP VISION BENEFIT OPT-OUT FORM

Employee Name: _____ Social Security No.: xxx-xx-_____

Contact Phone Number: _____ Date of Hire: _____

Please select **one** of the following options:

OPTION ONE

I have Horizon PPO and decline to enroll in VSP vision plan for the reason shown below:

Covered by spouse's/domestic partner's group coverage

Enrolled in another insurance carrier plan

Other

OPTION TWO

I decline to enroll in VSP vision plan for the reason shown below:

Covered by spouse's/domestic partner's group coverage

Enrolled in another insurance carrier plan

Other

I acknowledge I have been given the opportunity to apply for VSP Vision coverage. However, I have elected not to enroll. By declining vision coverage, I acknowledge that I and my dependent(s) (if any) have to wait until the plan's next annual enrollment to enroll for coverage, unless there is a qualifying event.

Employee Signature

Date