VSP
Enrollment/Change Form
City of Montgomery

Enrollment/Change forms must be typed and to its entirety.
No hand-written forms will be accepted or processed.

☐ New Enrollment
☐ Cancel Plan
☐ Change Plans (Standard vs Premier)
☐ Change Coverage (Add/Remove Dependents)

Vision Election			
☐ Standard Plan		☐ Employee Only	
		☐ Employee + 1	
☐ Premier Plan		☐ Family	Effective Date

Employee Information					
Employee Name (Last, First, MI):				Date of Birth:	
SSN:		Gender:	☐ Male ☐ Female	Marital Status:	☐ Single ☐ Married
Street Address:					
City:		State:		Zip Code:	
Phone Number:		Date of Hire:		Employee ID:	
E-Mail Address:					

Dependent Information ***(Only list dependents intended to be on the plan as of the Effective Date above)***

Dependent Name (Last, First, MI)	Relationship	SSN	Date of Birth (mm/dd/yyyy)
	☐ Husband ☐ Wife		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		
	☐ Son ☐ Daughter		

I have been given an opportunity to participate in the VSP Vision Plan with the City of Montgomery. The benefits have been explained to me and I understand that if I delay enrollment until after the 30-day period following a qualifying event, I and/or my dependents will only be able to enroll during the next annual open enrollment period.

I hereby accept the plan as indicated above and authorize any required employee contributions to be deducted from my earnings through payroll deduction until cancellation of the coverage as outlined in the benefit summary. I accept the responsibility of notifying the City of Montgomery Benefits Division of any changes for myself, my spouse, or dependents that would affect eligibility for coverage, premium amounts or payments. Under the penalty of perjury, I declare that the information I have furnished, to the best of my knowledge and belief, is true, correct and complete.

Employee Signature: _____ Date Signed: _____

Vision Rates (Bi-Weekly)

Standard Plan		Premier Plan	
Employee Only	$5.54*(2037)* / $7.82**(2050)*	Employee Only	$6.33*(2053)* / $8.94**(2056)*
Employee + 1	$9.27*(2038)* / $13.09**(2051)*	Employee + 1	$9.27*(2054)* / $14.95**(2057)*
Employee + Family	$13.38*(2039)* / $18.89**(2052)*	Employee + Family	$15.28*(2055)* / $21.57**(2058)*

*** Indicates the rate for School Patrol employees**

Benefits Division | 103 N. Perry St., Montgomery, AL 36104 | Ph: 334-625-2692 | Fax: 334-625-4410 | fgamble@montgomeryal.gov