DANVILLE SCHOOL DISTRICT 118
VISION SERVICE PLAN REQUEST TO DELETE DEPENDENTS

Employee Name: _____   Building: _____

Social Security No: _____

	Office Use Only
	Group #12-001821

Address: _____

Div: <u>Reg</u>   Class: <u>001</u>

Coverage: _____

Date: _____

Action: _____

Effective Date: _____

I wish to delete the following dependents from my Group Vision Plan. I understand it will not be possible to add these dependents again until the next open enrollment.

Dependent Name: **Birthdate**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Signature: _____