OFFICE OF PENSIONS

VISION INSURANCE COVERAGE

REFUSAL

I have been advised of the vision plan provided by EyeMed Vision Care.

I elect not to participate in the vision insurance coverage plan offered through the Office of Pensions.

Name: _____

Employee ID: _____

Signature: _____

Social Security # _____

Date: _____

In most cases, future enrollment opportunities in the plans are restricted to an annual reopening.

Form VR (2/2011) §