

Vision Group # C14880Z001  
Employer Name Pueblo County



**Please Check That Apply:**

\_\_\_\_ New Application      \_\_\_\_ Terminate  
\_\_\_\_ Remove Family Members      \_\_\_\_ Reinstate  
\_\_\_\_ Add Family Members      \_\_\_\_ Address Change

**Vision Coverage**

Employee Only   
Employee + One   
Family

Qualifying Event \_\_\_\_\_

Qualifying Event Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Name Change to \_\_\_\_\_ From \_\_\_\_\_

If you and your spouse are using different last names check that apply:

\_\_\_\_ Wife Retaining Name    \_\_\_\_ Common Law (Complete & attach a common law affidavit)

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**EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ CO Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Hire Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Position Title \_\_\_\_\_

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Name	Relationship	M/F	Birthdate	Social Security #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the dependents listed above are financially dependent on me or dependent because of court order. Copy attached. I also I hereby authorize my employer, until this authorization be revoked by notice in writing, to deduct in advance each month from my earned or accrued wages due me, such amounts as may be necessary to pay the rates as are now in effect or may be fixed in the future for coverage which are now or may become available.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_