

BRIGGS ELEMENTARY SCHOOL DISTRICT

RETIREE VISION PLAN ELECTION FORM

Plan Year October 1, 2020 -September 30, 2021

I, _____, understand that as a retiree of the Briggs Elementary School District, I am eligible to continue district coverage on a retiree plan. I also understand that should I decline district coverage, I will not have the option to select district coverage in the future.

I have chosen to enroll in the following product(s) for me and my eligible dependent(s):

(Please check one)

Provider	Single	2 Party	Family
VSP			
Retiree VSP Signature C \$20/\$25	<input type="checkbox"/> \$10.40	<input type="checkbox"/> \$20.80	<input type="checkbox"/> \$31.20

☐ **I decline all vision coverage offered.** By declining coverage, I understand that I give up my right to enroll in any district vision coverage at any subsequent date. I further understand that my decision is irrevocable.

Print Name

Signature

Date

For district use only