

PASADENA UNIFIED SCHOOL DISTRICT - OPEN ENROLLMENT

This form is required for any changes made to your dental, vision, or Unum life insurance coverage.

Employee Name	EID/SSN	Date
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Vision Insurance

	Cancel	Change	New
Vision Insurance - VSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance - Spectera (UHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unum Life Insurance

	Cancel	Change	New
Voluntary Life Insurance	<input type="checkbox"/>		
Voluntary Spouse Life Insurance	<input type="checkbox"/>		
Voluntary AD&D - Employee	<input type="checkbox"/>		
Voluntary AD&D - Family	<input type="checkbox"/>		
Voluntary Child Life	<input type="checkbox"/>		

Dental Insurance (Teamsters Only)

	Cancel	Change	New
	<input type="checkbox"/>		

Employee Signature