DANVILLE SCHOOL DISTRICT 118
VISION SERVICE PLAN REQUEST TO DELETE DEPENDENTS

Employee Name: _____   Building: _____

Social Security No: _____

Address: _____

_____

Date: _____

Effective Date: _____

<table>
<tr><td colspan="2">Office Use Only</td></tr>
<tr><td colspan="2">Group #12-001821</td></tr>
<tr><td>Div: <u>Reg</u></td><td>Class: <u>001</u></td></tr>
<tr><td colspan="2">Coverage: _____</td></tr>
<tr><td colspan="2">Action: _____</td></tr>
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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: _____