

**Marlboro College**  
**Election of Vision Benefits Form**  
2012

Name (Last, First, MI)	
Mailing Address	
Street: _____	
City, State, Zip Code: _____	
Social Security #:	Plan Year: 2012
Email:	
<b>Election of Vision Coverage</b>	
<input type="checkbox"/> I elect <b>TO</b> participate in the Vision Plan effective _____.	
Please deduct the following per bi-weekly pay period:	
<input type="checkbox"/>	Employee Only                      \$3.66
<input type="checkbox"/>	Employee + One                      \$5.86
<input type="checkbox"/>	Employee + Children                \$5.99
<input type="checkbox"/>	Employee, Spouse + Children      \$9.65
<input type="checkbox"/> I elect <b>NOT</b> to participate in the Vision Plan.	
Employee Signature	Date