



Marlboro College
Election of Vision Benefits Form
2018

Name (Last, First, MI)	
Mailing Address	
Street: _____	
City, State, Zip Code: _____	
Social Security #:	Plan Year: 2018
Email:	
Election of Vision Coverage	
<input type="checkbox"/> I elect TO participate in the Vision Plan effective _____. Please deduct the following per bi-weekly pay period:	
<input type="checkbox"/>	Employee Only \$4.52
<input type="checkbox"/>	Employee + One \$7.24
<input type="checkbox"/>	Employee + Children \$7.39
<input type="checkbox"/>	Employee, Spouse + Children \$11.91
<input type="checkbox"/> I elect NOT to participate in the Vision Plan.	
Employee Signature	Date