

**GLENDALE COMMUNITY COLLEGE**

**VISION SERVICE PLAN**

Date of Hire: \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
(New Employees Only)

DATE \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Dependent \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**\*EMPLOYEE and ONE DEPENDENT ONLY**