



# Alameda County Schools Insurance

## Newark USD Management – Vision Insurance

Manage Eligibility:  Add  
 Change  
 Cancel

Comments:

Coverage Start Date \_\_\_\_\_

Coverage Code \_\_\_\_\_

- A – Family (Dependent documentation required)
- B – Member + One (Dependent documentation required)
- C – Member Only
- D – Member + Children (Dependent documentation required)

### Client Details:

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_

Gender \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Email Address:

Work Email Address:

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_