



# Ventura County Deputy Sheriffs' Association

1690 Ventura Blvd · Camarillo, CA 93010-7850  
Email: [vcdsa@vcnet.com](mailto:vcdsa@vcnet.com)

Tel: (805) 987-9785 · Fax: (805) 987-1059  
Home Page: [www.vcdsa.org](http://www.vcdsa.org)

## PORAC – PLAN A Vision Service Plan Enrollment

Please complete and return this enrollment form and payroll deduction card to VCDSA.

Name (first/middle/last): \_\_\_\_\_  
(Please print)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I wish to elect coverage for:

Employee only       Employee + one       Family

I understand that if I elect coverage, I am required to contribute through payroll deduction for a minimum of two (2) years.

\_\_\_\_\_  
Employee's Signature      Date

Coverage effective: \_\_\_\_\_

**Change of Status: (please print)**

Add/Terminate coverage effective \_\_\_\_\_

Add spouse: (name) \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Add family:(name/date of birth) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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