Sacramento City Unified School District

Vision Change Form

Certificated Non-Management Vision Op

[redacted] coverage. Please fax this [redacted] fax th

[redacted] (916) 399-2071 and via School Mail to Box 840B.

[redacted] document to the Employee Benefits Office

[redacted] Select desired coverage and return for

[redacted] Employee Benefits [redacted] 399-2071

[redacted]

PRINT

[redacted]

Date of Birth M/F Relationship

SSN#

[redacted]

Avenue • BOX 840B • Sacramento [redacted] 95824 • 916-643-9432 • 916-[redacted]9-2071 F[redacted]