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Los Angeles Metropolitan Transportation Authority
Health & Welfare Trust Fund

Administered By: Benefit Programs Administration
Telephone • (562) 463-5090 • (800) 427-5342
www.tcu-mtawelfare.org

Vision Service Plan (VSP) Enrollment Form

Use this form to enroll in one of the two VSP Vision Plan options provided by the TCU-MTA Trust Fund. Please review the enclosed VSP flyers carefully so that you can choose the option that is best for you and your family. **Note: Part Time Employees are only eligible for the VSP Signature Plan.**

Complete this form and return it by mail to the Administrative Office at 1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA 90017-1906 by December 11, 2020. If you are enrolling any Dependents, you must submit documentation verifying your Dependent's relationship to you (such as a copy of your marriage certificate or your child's birth certificate), unless the Administrative Office already has such documentation on file.

If you have any questions regarding the vision benefits provided by VSP, or if you need help completing this enrollment form, do not hesitate to contact the Administrative Office at (562) 463-5090 or (800) 427-5342.

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Vision Service Plan

Employee/Retiree Information:

Name: _____

SSN: _____

Dependent Information:

Dependent's Name	Relationship to Employee/Retiree	Dependent's SSN

Vision Plan Option: Select only one option by placing a check mark in the appropriate box.
Remember: Part Time Employees are only eligible for the VSP Signature Plan.

- VSP - HMO Plan (VSP Choice Plan)
- VSP - Access Indemnity Plan (VSP Signature Plan)

Signature of Employee/Retiree: _____ Date: _____