

**CALIFORNIA LUTHERAN UNIVERSITY  
VISION SERVICE CHANGE FORM**

<b>EMPLOYEE INFORMATION</b>				
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>		<b>Social Security Number</b>

<b>CHANGE OF DEPENDENT STATUS</b>					
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Relationship</b>	<b>DOB</b>	<b>Add/Drop</b>

<b>Reason for change:</b>

<b>Employee Signature</b>	<b>Date</b>
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