


Vision Service Plan (VSP) Enrollment/Change Form

<i>(District name)</i> _____						
Effective Date _____						
Employee SS# _____ - _____ - _____ DOB ____/____/____						
Last Name _____ First Name _____ MI _____						
Address _____						
(Check One)						
EE Only _____		EE + One Dependent _____			EE + Family _____	
Dependent Information:						
Add (A) Term (T)	Last Name, First Name, MI	Relationship	Sex	Full-Time Student	DOB	
			M F	Y N	____/____/____	
			M F	Y N	____/____/____	
			M F	Y N	____/____/____	
			M F	Y N	____/____/____	
			M F	Y N	____/____/____	
			M F	Y N	____/____/____	
Employee Signature _____ Date _____						