



VSP Vision Plan Enrollment Form

Part 1: Employee Information:

Social Security #:		Department:	
Last Name:		Home Address:	
First Name:	M.I.	City:	State: Zip:
Date of Hire:	Date of Birth:	Male____Female____	
Effective Date:	Marital Status:		

Part 2: Plan Selection:

Standard Plan			Premium Plan		
✓	Coverage Tier	Per Pay	✓	Coverage Tier	Per Pay
<input type="checkbox"/>	Single	Ch. 78	<input type="checkbox"/>	Single	\$2.99
<input type="checkbox"/>	2 Adults	\$1.86	<input type="checkbox"/>	2 Adults	\$6.65
<input type="checkbox"/>	Parent/Child(ren)	\$1.97	<input type="checkbox"/>	Parent/Child(ren)	\$6.85
<input type="checkbox"/>	Family	\$5.08	<input type="checkbox"/>	Family	\$12.96

Employees adding dependents and /or selecting the "Premium Plan" contribute Ch. 78 in addition to the amounts shown

Part 3: Dependent Information:

Relation	Change Type	Dependent Name (Last Name, First Name MI)	Gender	Date of Birth	Social Security #
Spouse	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	

Part 4: Status Changes:

Type of Event: Marriage Birth Divorce Open Enrollment Other: _____

Date of Event: _____

EMPLOYEE SIGNATURE

DATE

Updated: November 2023