



## 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	\$3.11
<input type="checkbox"/>	2 Adults	\$1.93	<input type="checkbox"/>	2 Adults	\$6.90
<input type="checkbox"/>	Parent/Child(ren)	\$2.04	<input type="checkbox"/>	Parent/Child(ren)	\$7.11
<input type="checkbox"/>	Family	\$5.27	<input type="checkbox"/>	Family	\$13.46

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

### Part 3: Dependent Information: Each child must be under the age of 23.

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 2024