# VSP Vision Plan Enrollment Form

## Part 1: Employee Information:

| | |
|---|---|
| | Union Code: (Office Use Only) |

| | | | |
|---|---|---|---|
| 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 | | |
|---|---|---|
| ✓ | **Coverage Tier** | **Per Pay** |
| ☐ | Single | Ch. 78 |
| ☐ | 2 Adults | $1.93 |
| ☐ | Parent/Child(ren) | $2.04 |
| ☐ | Family | $5.27 |

| Premium Plan | | |
|---|---|---|
| ✓ | **Coverage Tier** | **Per Pay** |
| ☐ | Single | $3.11 |
| ☐ | 2 Adults | $6.90 |
| ☐ | Parent/Child(ren) | $7.11 |
| ☐ | 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 | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |

## Part 4: Enrollment/Change Reason:

**Type of Event:** ☐ Marriage ☐ Birth ☐ Divorce ☐ Open Enrollment ☐ New Hire ☐ Other: _____

**Date of Event:** _____

_____ _____

EMPLOYEE SIGNATURE DATE

Updated: November 2026