



Enrollment Form

Name of Group (Employer) _____

Employee Name: _____
last name, first name, middle initial

Employee Social Security Number: _____

Employee Date of Birth: _____

Effective Date: _____

Spouse's Name & Date of Birth: _____

Child's Name & Date of Birth

1. _____
2. _____
3. _____
4. _____
5. _____

Type of coverage selected:	Monthly Premium Rate, January 1, 2012
____ Employee only,	\$9.64
____ Employee plus one dependent	\$14.72
____ Employee plus family	\$26.39

Employee Signature

Date

Please return this form to your benefits administrator.

Clients: This form provided for your internal use only. Please do not return to VSP. Thank you.