



## VSP Enrollment/Change Form

<b>General Information</b>					
<b>Name of Group (Employer)</b>		<b>Group Number</b>		<b>Effective Date</b>	
<b>Request Type</b>					
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Remove Dependent(s)					
<b>Type of Coverage Selected</b>					
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Employee and Children <input type="checkbox"/> Employee and Family <input type="checkbox"/> Waive Coverage					
<b>Employee Information</b>					
<b>Last Name, First Name, Middle Initial</b>		<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Date of hire</b>
<b>Home Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Dependent Information</b>					
<b>Dependent Last Name</b>	<b>Dependent First Name</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>* Dependent Relationship</b> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H	<b>Date of Birth</b>	<b>Social Security Number</b>
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H		
<b>Employee Signature</b>					
<b>Signature</b>				<b>Date</b>	

\* Dependent Relationship S = Spouse, C = Child, H = Handicapped Child