



## VSP Enrollment/Change Form

General Information					
Name of Group (Employer)		Group Number		Effective Date	
<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					
Employee Information					
Last Name, First Name, Middle Initial		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Date of Birth	Date of hire
Home Street Address		City		State	Zip
Dependent Information					
Dependent Last Name	Dependent First Name	Gender	* Dependent Relationship	Date of Birth	Social Security Number
		<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		
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		<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		
Employee Signature					
Signature				Date	

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