

VSP  
Vision Service Plan Enrollment Form

First Name

Last Name

Street

City  State  Zip

Social Security Number

Birth Date

Effective Date

Family Plan

Single Plan

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*GEA: Available at full premium cost \$25.72*  
*OAPSE: Free to full time, 50% to part time \$12.86*