

# VSP

Vision Service Plan  
VISION ENROLLMENT FORM

## DEKALB COUNTY SCHOOLS

Phone: 256-638-6921

Fax: 256-638-6972

Contact : Janet Williams or Crystal Williams

Employee Name: \_\_\_\_\_

Employee Address \_\_\_\_\_

Employee's Social Security Number \_\_\_\_\_

Employee Date of Birth \_\_\_\_\_

Effective Date: \_\_\_\_\_ **OCTOBER 1,** \_\_\_\_\_

Effective Date: \_\_\_\_\_ (new employees if hired after Oct. 1) \_\_\_\_\_

I elect:

**Plan B**

Employee Only Coverage '(C)                      \$8.84                                            Yes

Employee + Spouse (B)                              \$17.70                                            Yes

Employee + Child(ren) (D)                        \$18.92                                            Yes

Employee + family (A)                              \$30.24                                            Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to the Central Office before September 1st of the current year