



Enrollment Form with Dependent Data

Name of Group (employer): Danville Public Schools

Employee Last Name, First Name, Middle Initial: _____

Social Security Number: _____

Employee Home Address: _____

Email Address: _____ Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Type of coverage selected: Employee Only Employee and Spouse Employee and Child(ren)
 Employee and Family

Dependent Relationship: S=Spouse, C=Child, H=Disabled Child, T=Student

Dependent Last Name	Dependent First Name	Gender	Dependent Relationship	Date of Birth MM/DD/YYYY
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

Employee Signature: _____

Date: _____

Please return this form to your benefits administrator. Do not return to VSP.