

VSP Vision Care

Change / Enrollment Form

Eureka City Schools

Completed by District:

- | | |
|--|--|
| <input type="checkbox"/> New Enrollment
<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Change
<input type="checkbox"/> Termination | <input type="checkbox"/> Address Change
<input type="checkbox"/> Add Dependent
<input type="checkbox"/> Delete Dependent
<input type="checkbox"/> Name Change |
|--|--|

Completed by District:

Effective Date: _____
Reason for Change: _____
Coverage Type: _____
Group #00903216-000_____

VISION SERVICE PLAN

Completed by Member:

SUBSCRIBER'S INFORMATION						
Last Name	First Name	Initial	Social Security #	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Mailing Address						
State	City	Zip	Telephone Number			
Circle One	Eligible Dependent's Name			DOB	Social Security #	Eff Date
Spouse						
Son/Daughter						
Son/Daughter						
Son/Daughter						
Son/Daughter						
Son/Daughter						

Subscriber's Signature: _____

Date: _____