

# Vision Service Plan

## MEMBERSHIP ENROLLMENT FORM

<b>Name of Group:</b> <u>Pemberton Township Schools</u>	<b>Department:</b> <u>HR</u>	<b>Date of Enrollment:</b> _____
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MEMBER INFORMATION		
Employee Name		
Date of Birth	Social Security Number	
<b>Do you have dependent children?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of Coverage?</b> <input type="checkbox"/> Member Only <input type="checkbox"/> Member + Spouse <input type="checkbox"/> Family <input type="checkbox"/> Member + Dependent(s)
<b>Do your dependent children, if over 18, attend school full time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you enrolling your dependents in the VSP plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT INFORMATION (Please list all of your dependents - if family coverage is available and elected by you)		
Eligible Dependents' Names (Spouse and/or Children)	DOB	SSN

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date