

VISION SERVICE PLAN ENROLLMENT CARD

- -

PLEASE PRINT Employee's Name (Last, First, Middle Initial)

Employee's Social Security #

Street Address

City

State

Zip

Sex Male
 Female

____/____/____
Date of Birth

Employer

Job Location

____/____/____
Hire Date

Coverage Status:

- Employee Only
- Employee & 1 Dependent
- Employee & All Dependents

LIST ALL DEPENDENTS TO BE COVERED BELOW

	LAST NAME (IF DIFFERENT)	FIRST	MI	DATE OF BIRTH		
				MO	DAY	YR
1	SPOUSE					
2	CHILD					
3	CHILD					
4	CHILD					
5	CHILD					

Add others if necessary.

25M
2/93

Signature _____

Date _____