Vision Service Plan Enrollment Form

EPC Group #: 12078128

District: NORTHWESTERN LOCAL SCHOOLS 21/09

Last Name	First Name	M.I.
Street Address		
City	State	Zip Code
Social Security #	Date of Birth	Sex ☐ Male ☐ Female

Enrollment Action:

- ☐ New Enrollment - New Hire
- ☐ New Enrollment - Open Enrollment
- ☐ Change Enrollment
- ☐ Change Name
- ☐ Change Address
- ☐ Terminate Coverage
- ☐ I do not wish to enroll for coverage.

Coverage Desired

- ☐ Single
- ☐ Family *

* Dependents will be enrolled at time of service.

I certify that the above information is true and correct to the best of my knowledge.
I authorize my employer to deduct from my wages, if necessary, the required premium for the coverage I have selected.

Employee Signature	Today's Date

To be completed by District

Effective Date	Hire Date	Term Date

Using your vision benefit is a breeze.

1. Just find a VSP doctor at VSP.com or call 800.877.7195
2. At your appointment, tell them you are a VSP member.
3. Check out your coverage to VSP.com anytime.

That's it!