

open enrollment: eff 7/1/2025

# Vision Service Plan

## MEMBERSHIP ENROLLMENT FORM

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

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