

Vision Service Plan

MEMBERSHIP ENROLLMENT FORM

Name of Group: Pemberton Township Schools Department: HR Date of Enrollment: _____

MEMBER INFORMATION

Employee Name

Date of Birth

Social Security Number

Do you have dependent children?

☐ Yes ☐ No

Do your dependent children, if over 18, attend school full time?

☐ Yes ☐ No

Are you enrolling your dependents in the VSP plan?

☐ Yes ☐ No

Type of Coverage?

☐ Member Only

☐ Member + Spouse

☐ Family

☐ 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