

VSP ENROLLMENT FORM

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PLAN (FAMILY OR SINGLE) \_\_\_\_\_

ACTION (TERMINATE, ADD, CHANGE) \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

Effective first day of the month following the first day of work