

Vision Service Plan Membership Enrollment Form			Date of Enrollment:
Name of Group: University of South Alabama		Group # 40150482	Employee J#:
Member Last Name:	Member First Name:	Social Security No.:	Date of Birth (m/d/y):
Type of coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family		Pay Status: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	
NATURE OF THE APPLICATION – CHECK THE APPROPRIATE BOX FOR THE ACTION DESIRED			
<input type="checkbox"/> New Contract Application <input type="checkbox"/> Cancel Contract		<u>Change Contract:</u> <input type="checkbox"/> Name Change/Address Change <input type="checkbox"/> Type of Coverage Change	
<u>Add/Remove Dependent:</u> <input type="checkbox"/> Add Spouse <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Add Child <input type="checkbox"/> Remove Child			
Date event occurred (Example: Date of Marriage, Birth Date of Child, Date of Death, Etc.): _____			
PLEASE LIST ALL OF YOUR DEPENDENTS (If Family Coverage is Available and Selected)			
LAST NAME	FIRST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
2.) Spouse			
3.) Child (include surname if different)			
4.) Child (include surname if different)			
5.) Child (include surname if different)			
Do your dependent children if over the age of 18, attend school full time?			
<input type="checkbox"/> Yes <input type="checkbox"/> NO			
Does your spouse have a vision plan?		If yes, who is covered?	
<input type="checkbox"/> Yes <input type="checkbox"/> NO		<input type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
Premiums are paid one-month in advance. Based on the date of your enrollment application, retroactive premium payments may be required to start your coverage. Further, I attest that everything in the application is true. By using an electronic signature, you are agreeing that your electronic signature is the legal equivalent of your manual signature.			
Employee Signature: _____		Date: _____	
PLEASE RETURN TO YOUR HUMAN RESOURCE DEPARTMENT. DO NOT RETURN TO VSP.			
STOP – TO BE COMPLETED BY UNIVERSITY OF SOUTH ALABAMA HR DEPARTMENT REPRESENTATIVE			
All the information appears to be complete and correct.			
_____			_____
Signature of HR Representative			Date