



Enrollment Form

Employee Social Security Number: _____

Employee Name: _____

Employee Address: _____

Employee Date of Birth: _____

Hire Date: _____

Effective Date of Coverage: _____ 1, 20__ __
(Next Month Following Hire Date; unless Hired on the first, then date should be the same)

NOTE: *Once enrolled, VSP can only be dropped upon your termination or the end of the contract between North Fork Local School District and VSP (see bottom right corner).*

Type of Coverage Selected:

____ Employee (C) (\$9.90/mo.)

____ Employee + One (spouse or child) (B) (\$18.19/mo.)

____ Employee + Children (D) (\$18.61/mo.)

____ Employee + Family (A) (\$31.36/mo.)

____ Waive Coverage

Employee Signature

Date