

**VISION SERVICE PLAN
MEMBERSHIP ENROLLMENT FORM
12 Month Employees**



Name of Group NIS Nebraska Schools

Division: _____

1	Social Security No.	Last Name / First Name / MI	Date of Birth
2	Are you enrolling your Spouse in the VSP Plan? Y <input type="checkbox"/> N <input type="checkbox"/> If so, enter Spouse information in Section 5.		3
		Are you enrolling your dependent children in the VSP Plan? Y <input type="checkbox"/> N <input type="checkbox"/> If so, enter child information in Section 5.	

4 Coverage Level and Rates

	(N)	Monthly Rates
<input type="checkbox"/>	Employee Only	\$9.42
<input type="checkbox"/>	Employee + Spouse	\$18.87
<input type="checkbox"/>	Employee + Child(ren)	\$20.17
<input type="checkbox"/>	Employee + Family	\$32.27

PLEASE LIST ALL OF YOUR DEPENDENTS THAT WILL BE ENROLLED IN THE PROGRAM

	Last Name / First Name / MI	Date of Birth	Gender
5			

Please Return to Your Human Resources Department. Do Not Return To VSP

Signature _____ Date _____