

**VISION SERVICE PLAN – MEMBERSHIP ENROLLMENT FORM**



Name of Group: **TOWN OF WARE**

Department:

Effective Date

<b>1</b>	Social Security No.	Last Name / First Name / MI	Date of Birth
	Address		

<b>2 Coverage Level</b>		<input type="checkbox"/> <b>VSP PLAN</b>
<input type="checkbox"/>	Employee Only	\$7.43
<input type="checkbox"/>	Employee + Spouse/Domestic Partner	\$10.77
<input type="checkbox"/>	Employee + Child(en)	\$10.77
<input type="checkbox"/>	Employee + Family	\$19.31

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

<b>3</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>DATE OF BIRTH</b>

Please Return To Judy LaValley - Ware Schools / Amy Przypek - Ware Town Hall

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_