

**VISION SERVICE PLAN  
MEMBERSHIP ENROLLMENT FORM**

**10 Month Employees**



Name of Group **NIS Nebraska Schools**

Division: \_\_\_\_\_

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

<b>2</b>	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.	<b>3</b>	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**

(√)		Monthly Rates
<input type="checkbox"/>	Employee Only	\$11.30
<input type="checkbox"/>	Employee + Spouse	\$22.65
<input type="checkbox"/>	Employee + Child(ren)	\$24.20
<input type="checkbox"/>	Employee + Family	\$38.71

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

<b>5</b>	Last Name / First Name / MI	Date of Birth	Gender

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

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