

Vision Service Plan (VSP) Enrollment/Change Form

(District name)

SAN YSIDRO SCHOOL DISTRICT



Effective Date _____

Employee SS# _____ - _____ - _____ **DOB** ___/___/___

Last Name _____ **First Name** _____ **MI** _____

Address _____

(Check One)

EE Only _____ **EE + One Dependent** _____ **EE + Family** _____

Dependent Information:

Add (A) Term (T)	Last Name, First Name, MI	Relationship	Sex M F	Full-Time Student Y N	DOB ___/___/___
			M F	Y N	___/___/___
			M F	Y N	___/___/___
			M F	Y N	___/___/___
			M F	Y N	___/___/___
			M F	Y N	___/___/___
			M F	Y N	___/___/___

Employee Signature _____ **Date** _____