



# VSP Vision Enrollment Application

## Amherst Chamber

### 1. Enrollment Status

New Group Enrollment Effective Date: \_\_\_\_\_  
 Family Addition (Date of Marriage, Birth or Adoption \_\_\_\_\_)  Single  Family  
 COBRA Full-Time Hire Date: \_\_\_\_\_

### 2. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status:  Single  Married  
 Widowed  Divorced

Home Street Address (P.O. Box not acceptable, unless Rural P.O. Box) Apt. #

City State Zip Home Phone #

Company Name Business Phone #

### 3. List only yourself and those eligible family members who are enrolling.

An eligible dependent is an employee's lawful spouse and the unmarried children under the age of 26 of the applicant or the applicant's enrolled spouse.

	First Name	Last Name	M	Birth Date	S.S. #
<b>Applicants Information</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				/ /	- -
<b>Spouse's Information</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				/ /	- -
<input type="checkbox"/> Son <input type="checkbox"/> Daughter				/ /	- -
<input type="checkbox"/> Son <input type="checkbox"/> Daughter				/ /	- -
<input type="checkbox"/> Son <input type="checkbox"/> Daughter				/ /	- -
<input type="checkbox"/> Son <input type="checkbox"/> Daughter				/ /	- -

### 4. Authorization: (The following authorization section must be signed by applicant.)

*Even if this application is approved, any misstatements or omissions may result in future claims being denied and the policy being rescinded. I, the applicant, acknowledge that I have read and understand this application in its entirety.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_