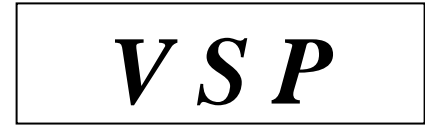


*Vision Service Plan*



Enrollment / Change form  
NAPEBT – City of Flagstaff

Effective Date \_\_\_\_\_

Print Employee's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Please Make Selection Below**

Employee and dependents automatically enrolled in the basic coverage of 1 eye exam every 12 months (paid by the City of Flagstaff)

**Optional Buy-Up**

Prescription Eyewear Buy-Up Option (coverage is voluntary and paid for by the employee through 24 annual payroll deductions)

Employee Only \$2.80 per pay period

Employee & Family \$6.80 per pay period

**DEPENDENT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

**Cancellation**

I would like to **cancel** my optional VSP Buy-Up coverage for myself.

I would like to **cancel** my optional VSP Buy-Up coverage for my dependent(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date