



**VSP
ENROLLMENT FORM
FOR
NAPEBT – 12239817**

Please Print Clearly

EMPLOYEE’S NAME: _____

SSN: _____

DOB: _____

- VSP CORE EYE EXAM BENEFIT – EMPLOYEE ONLY**
 Division/Class: 0022/0022
 Basic coverage includes 1 eye exam every 12 months
 Provided by the County at **no cost** to the employee.

- BUY-UP – EMPLOYEE ONLY** \$6.45 month (\$3.23/pay period)
 Exam and Prescription Eyewear Buy-up Option
 Division/Class: 0010/0010
 Coverage is voluntary and paid for by the employee.

- BUY-UP – EMPLOYEE & FAMILY** \$14.78 month (\$7.39/pay period)
 Exam and Prescription Eyewear Buy-up Option
 Division/Class: 0010/0010
 Coverage is voluntary and paid for by the employee.

Signature

Date

Please return form to Coconino County Human Resources Benefits Department

Do Not Return to Vision Service Plan

Employer Use Only			
Effective Date: _____			
Benefit Enrollment Processing		Payroll Processing	
Date: _____	Initials: _____	Date: _____	Initials: _____