



VSP

ENROLLMENT / CHANGE FORM FOR NAPEBT – FUSD #1

Please Print:

EMPLOYEE'S NAME: _____

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____

EMPLOYEE'S BIRTH DATE: _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

EXAM ONLY: PROVIDED BY FUSD #1 FOR EMPLOYEES AND FAMILY MEMBERS

BUY-UP: I WOULD LIKE TO ENROLL IN THE OPTIONAL VSP BUY-UP PROGRAM
SELECTED BELOW.

Prescription Eyewear Buy-up Option (Coverage is voluntary and paid for by the employee):

Employee Buy-Up \$ 5.60/month

Employee + Family Buy-Up \$13.60/month

I WOULD LIKE TO CHANGE MY CURRENT VSP COVERAGE.

FROM:

Exam Only Employee Buy-Up Employee + Family Buy-Up

TO:

Exam Only Employee Buy-Up Employee + Family Buy-Up

Signature

Date

EFFECTIVE DATE: _____

(Completed by Employer)

**Please return to Human Resources
Do Not Return to Vision Service Plan**