



Enrollment/Change Form

Employee's Name: _____

Employee's Social Security Number: _____

Basic Exam Plus Coverage for the Employee is paid for by Coconino Community College. Exam Plus Coverage allows the employee an annual exam and a discount of 20% off of glasses or 15% off of contacts when visiting a network provider. Co-pays apply to all VSP plans. **Please review the VSP Benefit Statement before making a selection. Additional Coverage is Voluntary and paid for by the member.**

I would like to elect basic exam plus coverage for myself.

For Additional Coverage, Please Check One Selection Below:

I would like to elect additional coverage for myself and/or my dependents through the VSP Program. The coverage requested is:

Exam Plus Family Coverage

Prescription Eyewear Buy-up Option

Employee Only

Employee + Family

I would like to cancel my VSP coverage.

Signature

Date

Please return this form to Human Resources. Do not return to VSP.

To be completed by Human Resources:

Member Effective Date: _____

VSP notified of selection

Banner Entry

Completed by:

Date: _____