



For BVSD Use Only
HR Rep: _____
Date: _____

VSP ENROLLMENT FORM FOR VISION COVERAGE

PLEASE PRINT

EMPLOYEE'S NAME: _____ DATE OF BIRTH: ____/____/____

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____ - _____ - _____ OR BVSD EMPLOYEE I.D.# _____

EMPLOYEE'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE CHECK ENROLLMENT CHOICE BELOW:
--

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Change | <input type="checkbox"/> Cancel Coverage |
| <input type="checkbox"/> Employee-Only (\$7.49/month) | | |
| <input type="checkbox"/> Employee Plus one Dependent (\$14.98/month) | | |
| <input type="checkbox"/> Employee Plus Children (\$16.04/month) | | |
| <input type="checkbox"/> Employee Plus Family (\$25.63/month) | | |

*The information provided above is true and correct to the best of my knowledge. I authorize any health care provider, insurance company, or other organization, institution, or person that has any information regarding my benefit eligibility or claims to release such information to the claims administrator. A copy of this authorization shall be considered as effective and valid as the original. I understand that any misrepresentation on this document may be cause for dismissal and may result in my coverage being void as of its effective date with no benefits payable. **Vision premium will be deducted from each monthly paycheck. This is part of the district's Section 125 plan. Pre-tax deductions for Section 125 plans are not considered salary for PERA purposes. Pre-tax deductions increase your take home pay but reduce your PERA eligible salary. Post-tax deductions reduce your take home pay but maximize your PERA eligible salary. If you are within 4 years of retirement, take time to evaluate whether or not you should participate in a Section 125 plan.***

Select only one and Sign:

Pre-Tax I authorize BVSD to make pre-tax payroll deductions to pay for the vision coverage I have elected.

Employee Signature Date

OR

Post-Tax I authorize BVSD to make post-tax payroll deductions to pay for the vision coverage I have elected.

Employee Signature Date