VSP Vision Enrollment Application

Amherst Chamber of Commerce

Chamber Group # 001073-04

1. Enrollment Status

[Symbol] New Group Enrollment Effective Date: _____

☐ Family Addition (Date of Marriage, Birth or Adoption _____) ☐ Single ☐ Family

☐ COBRA Full-Time Hire Date: _____

2. Applicant Information

Last Name:_____ First Name: _____ M.I.: _____

Social Security Number: _____ - _____ - _____ Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Home Street Address (P.O. Box not acceptable, unless Rural P.O. Box) Apt. #

City State Zip Home Phone #

Company Name Business Phone #

3. List only yourself and those eligible family members who are enrolling.

An eligible dependent is an employee's lawful spouse, the unmarried children under the age of 19 of the applicant or the applicant's enrolled spouse or the unmarried children of the applicant or applicant's enrolled spouse who ages are 19-23, full time students, and fully dependent upon the applicant for support.

	First Name	Last Name	M	Birth Date	S.S. #
Applicants Information ☐ Male ☐ Female				/ /	- -
Spouse's Information ☐ Male ☐ Female				/ /	- -
☐ Son ☐ Daughter				/ /	- -
☐ Son ☐ Daughter				/ /	- -
☐ Son ☐ Daughter				/ /	- -
☐ Son ☐ Daughter				/ /	- -

4. Authorization: (The following authorization section must be signed by applicant.)

Even if this application is approved, any misstatements or omissions may result in future claims being denied and the policy being rescinded. I, the applicant, acknowledge that I have read and understand this application in its entirety.

Signature of Applicant: _____ **Date:** _____