

North Ranch Benefits Trust Vision Employee Application for Initial Enrollment

Please use this form for the initial enrollment only. There is a separate form to add new hires or change status.

WRITE IN YOUR PLAN SELECTION OFFERED BY YOUR EMPLOYER		Look up Providers at: www.vsp.com
Vision Service Plan: _____	Print Plan Name	

Employer Information
GROUP NAME

VISION NOTE: Eligible employees electing dependent coverage must enroll all eligible dependents. Enrollees declining dependent coverage **cannot enroll their dependents at a later time** unless the dependents show proof of loss of prior coverage. An eligible dependent is an employee's spouse/domestic partner and any child of the enrolled applicant or spouse/domestic partner who is under age 26. It is the employee's responsibility to inform the group administrator of any change in status of his/her dependents. Dependent children may remain on this plan to age 26.

Member Information			
FIRST NAME, LAST NAME		SOCIAL SECURITY #	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	DATE OF HIRE (MMDDYY)

Dependents To Be Enrolled			
SPOUSE/DOMESTIC PARTNER'S FIRST NAME, LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner
CHILD'S FIRST NAME, LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	
CHILD'S FIRST NAME, LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	
CHILD'S FIRST NAME, LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	
CHILD'S FIRST NAME, LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MMDDYY)	

Member Signature	Date