

VOLUNTARY VSP CHOICE PLANS EMPLOYEE APPLICATION

Group Name:			
Choose One Plan:	<input type="checkbox"/> Choice Plans A \$15/\$30 12/24/24 \$15 Exam copay/\$30 Materials copay \$150 Frame allowance	<input type="checkbox"/> Choice Plans B \$15/\$30 12/12/24 \$15 Exam copay/\$30 Materials copay \$150 Frame allowance	<input type="checkbox"/> Choice Plans C \$15 12/12/12 \$15 Exam/Material copay \$150 Frame allowance
Select Coverage : ____ Member Only ____ Member + Spouse ____ Member + Child(ren) ____ Family			
Employee Information			
SS # :		Date of Birth :	
		Gender: Male Female	
Last Name :		First Name :	
		M. I. :	
Address :			
City :		State :	Zip Code :
Marital Status : ____ Single ____ Married ____ Divorced ____ Widowed			
____ Spouse		Last Name :	
		First Name :	
____ Domestic Partner		Gender: Male Female	
		Date of Birth :	
Child # 1		Last Name :	
		First Name :	
		Gender: Male Female	
		Date of Birth :	
Child # 2		Last Name :	
		First Name :	
		Gender: Male Female	
		Date of Birth :	
Child # 3		Last Name :	
		First Name :	
		Gender: Male Female	
		Date of Birth :	
Child # 4		Last Name :	
		First Name :	
		Gender: Male Female	
		Date of Birth :	
Check here <input type="checkbox"/> if additional family members sheet is attached with this application.			
X Applicant Signature			
Date			
For Future New Hires: Please send completed form to HealthSmart Benefit Solutions, Inc. within 30 days of Qualifying Event. Changes or additions will be effective 1 st of the month following receipt and/or after groups waiting period.		NRBT Administered By: HealthSmart Benefit Solutions, Inc. 10303 E. Dry Creek Road, Suite 200 Englewood, CO 80112 Phone: 800.786.6525 Fax: 303.804.9490 pbdenver@healthsmart.com	