49er Shops, Inc.

CALIFORNIA STATE UNIVERSITY, LONG BEACH

VSP VISION SERVICE PLAN
ENROLLMENT FORM

Employee's Name:			Social Security #:
Date of Birth:			Gender:
Email:			
Address:			
Phone Number:		☐ Cell	☐ Home

Are you covering Dependents? (check one)		☐ YES	☐ NO
If YES, list name and relationship of each dependent below			
DEPENDENT NAME	DATE OF BIRTH	RELATIONSHIP	

MONTHLY PREMIUM RATES			
Selected Rate	Rate Name	Rate	Rate Code
☐	Employee Only:	$ 9.90	C
☐	Employee + One:	$13.90	B
☐	Employee + Family:	$24.10	A

Employee Signature:	**Date:**