

# 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:		<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Are you covering Dependents? (check one)			
		<input type="checkbox"/> YES	<input type="checkbox"/> 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
<input type="checkbox"/>	Employee Only:	\$ 9.10	C
<input type="checkbox"/>	Employee + One:	\$12.80	B
<input type="checkbox"/>	Employee + Family:	\$22.10	A
Employee Signature:		Date:	