



*AFSCME Council 61, VSP, EBS and Two Rivers Insurance Services are pleased to offer a comprehensive vision program.*

Check the line for the plan that fits your family. The monthly cost to enroll in VSP is as low as:

\$16.41 .....Employee Only

\$26.25 .....Employee + Spouse

\$26.80 .....Employee+Child(ren)

\$43.21 .....Employee+ Family

0 New Enrollment
0 CHANGE
0 Accept new rate
0 Cancel Coverage
0 Change Plan
0 Remove Dependent
0 Add Dependent
0 Name Change

**VISION SERVICE PLAN  
MEMBERSHIP ENROLLMENT CHANGE FORM**

*(Please Print or Type)*

AFSCME Council 61 Local#:

Effective Date:

<b>2</b>	SOCIAL SECURITY NO.	MEMBER LAST NAME	MEMBER FIRST NAME	M.I.	DATE OF BIRTH MO. DAY YEAR
	Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>3</b>
Are you enrolling your dependents in the VSP plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Telephone# \_\_\_\_\_ Email Address: \_\_\_\_\_

PLEASE LIST ALL OF YOUR DEPENDENTS (IF FAMILY COVERAGE IS AVAILABLE AND SELECTED BY YOU)

	LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	DATE OF BIRTH
<b>4</b>	SPOUSE				
	CHILDREN (INCLUDE SURNAME IF DIFFERENT)				

Please complete the attached enrollment and/or ACH authorization form and return them to Employee Benefit Systems, 214 N. Main Street, PO Box 1053, Burlington, IA 52601 or Fax- 319-753-3963 For questions please call 1-800-728-9620 ext. 8422

Signature: \_\_\_\_\_ Date: \_\_\_\_\_