

# Vision Service Plan Membership Enrollment Application

Name of Group: Turlock Unified School District - \_\_\_\_\_  
Site

Effective Date: \_\_\_\_\_

Group Number: **12227172 - 000**  
Sub-Group Number

Coverage Code \_\_\_\_\_

Date Employed: \_\_\_\_\_

	Social Security #	Last Name	First Name	Middle Initial	Sex	Date of Birth	Marital Status
Employee							<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner
Address:					<input type="checkbox"/> Male	Mo / Day / Year	
Address							
City, State Zip					<input type="checkbox"/> Female		

Spouse						
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /

Dependent Children						
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Add / Delete					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /

Coverage Code
A - Family
B - Employee + one
C - Employee Only

Member	The undersigned agrees to continue benefits in the program provided by the employer during employment and while the program is in force.  Signed: _____ Date: _____
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