DISTRICT OFFICE ONLY/ EFFECTIVE DATE

ENROLLMENT FORM FOR VSP – KCCD

Mark one box:

- New Enrollment
- Adding a Dependent (Change)
- Deleting a Dependent (Change)
- Decline Coverage (**FACULTY ONLY**)

PLEASE PRINT

	Last Name	First Name	M.I.	Social Security Number	Qualifies As IRS Dependent	Full-Time Student	Date of Birth	Age
Employee								
Spouse/DP								

Address:

Telephone:

Son Daughter								
Son Daughter								
Son Daughter								
Son Daughter								
Son Daughter								
Son Daughter								
Son Daughter								

MONTHLY PAYROLL DEDUCTION RATES

PLEASE CHECK ONE:

	VISION SERVICE PLAN
EMPLOYEES ONLY	**$10.04**
EMPLOYEE PLUS 1 DEPENDENT	**$19.37**
FAMILY (EMPLOYEE PLUS 2 OR MORE)	**$29.22**