

River Valley Local Schools Vision Service Plan

Plan # 12 701321 00002

Enrollment Form

EMPLOYEE NAME: _____

EMPLOYEE BIRTHDATE: _____

TYPE OF ENROLLMENT (Please check one)

_____ Yes, I want to enroll under *Single Coverage*

_____ Yes, I want to enroll under *Family Coverage*

Effective Date of Enrollment: _____

List Family Members Names:

_____ Spouse _____ S.S.# _____ D.O.B.

_____ Children _____ S.S.# _____ D.O.B.

_____ Children _____ S.S.# _____ D.O.B.

_____ Children _____ S.S.# _____ D.O.B.

Employee Signature _____ DATE _____