



# SCHOOLS INSURANCE AUTHORITY

## VSP VISION PLAN ENROLLMENT

• P.O. Box 276710 • Sacramento, CA 95827-6710 • (916) 364-1281 • [info@sia-jpa.org](mailto:info@sia-jpa.org)

**NATOMAS UNIFIED SCHOOL DISTRICT** Group # 774101 – Division 0133

2015-16 VSP RATES

COMPOSITE RATE \$ 20.56

New enrollment  Add spouse / dependent  Terminate spouse / dependent  Retiree  COBRA

EMPLOYEE INFORMATION	
Employee name: _____	Date of hire: _____
Home address: _____ _____	Date of birth: _____
Phone number: _____	Effective date: _____
Email address: _____	Social security #: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

DEPENDENT INFORMATION					
	Name	SS#	Date of birth	Gender M-male; F-female	Relationship S-spouse; D-Partner C-child
1.					
2.					
3.					
4.					
5.					

OTHER INSURANCE INFORMATION	
Do you have other vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your covered dependents have other vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider: _____	Provider: _____

AUTHORIZATION	
If my group insurance plan provides that any contributions be made by me for this coverage, I authorize my employer to deduct them from my plan.	
_____ Employee signature	_____ Date