



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:

- \$15.76Employee Only
- \$25.21Employee + Spouse
- \$25.74Employee+Child(ren)
- \$41.50Employee+ 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:

2	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			3 Address:	
	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
4	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: _____