SCHOOLS INSURANCE AUTHORITY

VSP VISION PLAN ENROLLMENT

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

NATOMAS UNIFIED SCHOOL DISTRICT Group # 774101 – Division 0133

2021 Plan Year ☑ COMPOSITE RATE - $18.55

☐ 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: ☐ Single ☐ Married ☐ Domestic partner ☐ Divorced ☐ 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? ☐ Yes ☐ No

Provider: _____

Do your covered dependents have other vision insurance? ☐ Yes ☐ No

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