

VISION SERVICE PLAN ENROLLMENT FORM (FREE)

EPC GROUP # 12078128

DISTRICT: KINGS LOCAL SCHOOLS

Last Name	First Name	M.I.
Street Address		
City	State	Zip Code
Social Security #	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Enrollment Action	Coverage Desired
<input type="checkbox"/> New Enrollment – New Hire <input type="checkbox"/> New Enrollment – Open Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Change Name <input type="checkbox"/> Change Address <input type="checkbox"/> Terminate Coverage <input type="checkbox"/> I do not wish to enroll for coverage	<input type="checkbox"/> Single

I certify that the above information is true and correct to the best of my knowledge. I authorize my employer to deduct from my wages, if necessary, the required premium For the coverage I have selected.

Employee Signature

Today's Date

To be completed by District

Effective Date:

Hire Date:

Term Date: