

open enrollment: eff 7/1/2025

Vision Service Plan

MEMBERSHIP ENROLLMENT FORM

Name of Group: Pemberton Township Schools Department: HR Date of Enrollment: _____

MEMBER INFORMATION

Employee Name

Date of Birth

Social Security Number

Do you have dependent children?

☐ Yes ☐ No

Type of Coverage?

Do your dependent children, if over 18, attend school full time?

☐ Yes ☐ No

☐ Member Only ☐ Member + Spouse

Are you enrolling your dependents in the VSP plan?

☐ Yes ☐ No

☐ Family ☐ Member + Dependent(s)

DEPENDENT INFORMATION (Please list all of your dependents - if family coverage is available and elected by you)

Eligible Dependents' Names (Spouse and/or Children)	DOB	SSN

Employee Signature

Date