# *SIGN UP FOR VSP COVERAGE OXNARD*

## *Complete the enrollment form:*

***SS#:*** _____/_____/_____ ***NAME:*** _____ _____ ____/_____/_____
***Last*** ***First*** ***Date of Birth***

**Mark one of the following:**

NEW ENROLLMENT ☐
CHANGE TO EXISTING ENROLLMENT ☐

**I wish to elect:**

BASE PLAN ☐
BUY-UP PLAN ☐

***Employee Only*** _____ ***Employee + One Dependent*** _____ ***Family*** _____

* If you are electing coverage for one dependent or family, please complete Dependent Information.

## *Dependent Information:*

***NAME:*** _____ _____ ___/___/____ _____
Last First Date of Birth: **S**pouse/**P**artner

***NAME:*** _____ _____ ___/___/____ _____
Last First Date of Birth: **C**hild - **M/F**

***NAME:*** _____ _____ ___/___/____ _____
Last First Date of Birth: **C**hild - **M/F**

***NAME:*** _____ _____ ___/___/____ _____
Last First Date of Birth: **C**hild **M/F**

***NAME:*** _____ _____ ___/___/____ _____
Last First Date of Birth: **C**hild **M/F**

***Member Signature*** _____ ***Date:*** _____