

LOYOLA UNIVERSITY NEW ORLEANS

VOLUNTARY VSP SIGNATURE PLAN – MEMBERSHIP ENROLLMENT CARD

PLEASE COMPLETE THIS FORM IN FULL TO INSURE PROMPT AND ACCURATE ENROLLMENT...

Group # 12229063

EMPLOYEE: _____		
LAST	FIRST	MIDDLE
HOME ADDRESS: _____		EMAIL: _____
CITY: _____	STATE: _____	ZIP: _____
PHONE NUMBER: _____		

EMPLOYMENT DATE: _____/_____/_____
--

SS#: _____

SEX (circle one) M F
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DATE OF BIRTH _____

Coverage - Check one:					
	Coverage Level	Monthly Premium		Coverage Level	Monthly Premium
<input type="checkbox"/>	Employee Only -	\$10.63	<input type="checkbox"/>	Employee + Child	\$17.36
<input type="checkbox"/>	Employee + Spouse	\$17.00	<input type="checkbox"/>	Family	\$27.99
<input type="checkbox"/>	Cancel All Coverage		<input type="checkbox"/>		

FAMILY MEMBERS TO BE COVERED:

LAST NAME	FIRST NAME	M/F	DATE OF BIRTH
SPOUSE			
CHILDREN (INCLUDE SURNAME IF DIFFERENT)			
1.			
2.			
3.			
4.			
5.			

PLEASE RETURN TO YOUR HUMAN RESOURCES DEPARTMENT / DO NOT RETURN THIS FORM TO VSP.

I Authorize Payroll Deduction: Signature _____ **Date** _____