



Enrollment Form

Name of Group (Employer) Albin Engineering Services, Inc.

Employee Name: _____
(last name, first name, middle initial)

Employee Address: _____

Employee Social Security Number: _____

Employee Date of Birth: _____

Type of coverage selected:

Employee only

Employee plus one dependent

Employee plus family

Waive Coverage

Employees and dependents electing the coverage should remain on the plan the entire contract period. Changes to enrollment status can be made during the annual open enrollment only.

Employee Signature

Please return this form to your benefits administrator. Please do not return to VSP.

For Office Use Only:

Class _____

Effective Date _____