



Pittsburg Community Schools

Unified School District 250

VISION SERVICE PLAN

Membership Enrollment Form

Name of Group: Greenbush Health/USD 250 Pittsburg

Department: _____

Enrollment Date: _____

Section 1:

Social Security Number: _____ Date of Birth: _____

Member Last Name: _____ First Name: _____ MI _____

Section 2:

Do you have dependent children? Yes No
 Do your dependent children, if over 18, attend school full time? Yes No
 Are you enrolling your dependents in the VSP Plan? Yes No

Section 3:

Does your spouse have a vision plan? Yes No
 If yes, who is covered? Yourself Spouse Dependent

Section 4:

Please list all if your dependents (If family coverage is available and selected by you.)

Last Name	First Name	M.I.	SSN	Date of Birth
spouse				
Children (include surname if different)				

Employee Signature

Date

RETURN COMPLETED FORM TO:

Kathy Martin

USD 250 Human Resources

510 Deill • PO Drawer 75 • Pittsburg, Kansas 66762 • Phone (620) 235-3100 • Fax (620) 235-3106