



VSP VISION ENROLLMENT FORM

Please fill in this form and fax it back to Advantage RN at 866-850-4048.

8892 Beckett Road
Cincinnati, OH 45069
PH 866-301-4045
FAX 866-850-4048
www.advantagern.com

EMPLOYEE

Last Name

First Name

Middle Initial

Employee Social Security Number

Employee Date of Birth

Gender: M F

TYPE OF COVERAGE SELECTED

- Employee + Family (Employee plus Spouse and Children) **(A)**
- Employee + One Dependent (Employee plus Spouse or ONE Child) **(B)**
- Employee Only (No Dependents) **(C)**
- Employee + Children (Employee plus Children – No Spouse) **(D)**
- No coverage (Waiving)

Employee Signature

Date