



Enrollment Form

Name of Group: Westminster College

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

Employee Social Security Number: _____

Employee Date of Birth: _____

Type of coverage selected:

_____ **Employee only**

_____ **Employee plus one dependent**

_____ **Employee plus children**

_____ **Employee plus family**

_____ **Waive Coverage**

Employee Signature

Please return this form to your benefits administrator.

This form provided for group internal use only. Please do not return to VSP.