Clarkson University Vision

Individual Enrollment Form

I want to enroll the following individual(s) for coverage provided by Vision Service Plan.

Please print all information:

	NAME Last First MI	**SOCIAL SECURITY NUMBER**	**DATE OF BIRTH** Mo/Day/Yr
Name			
Spouse			
Dependent 1			
Dependent 2			
Dependent 3			
Dependent 4			
Dependent 5			

I authorize enrollment in the Niagara Vision plan for a two-year commitment which cannot be changed unless I experience family status change (such as marriage, divorce, birth or adoption of a child). The following monthly rates are in force from July 1, 2007 to July 1, 2009.

Check One: _____ Single Coverage

_____ Family Coverage

Check One: _____ Plan Mod A (24/24/24)
Single: $8.47/mo Family: $17.89/mo

_____ Plan B (12/12/24)
Single: $11.75/mo Family: $24.86/mo

Signature_____ **Date**_____
Address_____
City/State/Zip_____

RETURN ENROLLMENT APPLICATION TO HUMAN RESOURCES AT BOX 5542 BY JUNE 30, 2008.