



Enrollment Application

Group: California Council For Adult Education

VSP Plan: Choice Plan #123326874

Enrollee Information:

Last Name _____

First Name _____

Address: _____ City _____ State _____ Zip Code _____

Male _____ Female _____

Social Security Number _____ - _____ - _____

Date of Birth ____ - ____ - _____

Dependent Status

If covering dependents, please provide the following information:

Spouse Name _____ Date of Birth _____

Social Security Number _____ - _____ - _____

Dependent Children:

Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____