

**VSP (VISION SERVICE PLAN)  
ENROLLMENT /CHANGE FORM  
COUNTY OF SAN LUIS OBISPO**

Personnel Number (Required)

- CHECK ONE
- NEW ENROLLMENT
- DELETE DEPENDENTS
- ADD DEPENDENTS

**EMPLOYEE INFORMATION**

Last Name	First Name	MI
Social Security Number		
Date of Birth		

**DEPENDENTS INFORMATION**

**I WISH TO ENROLL/DELETE THE FOLLOWING DEPENDENTS:**

Last Name	First Name	MI
SSN	Date of Birth	Relationship
		Gender
		M F
Last Name	First Name	MI
SSN	Date of Birth	Relationship
		Gender
		M F
Last Name	First Name	MI
SSN	Date of Birth	Relationship
		Gender
		M F
Last Name	First Name	MI
SSN	Date of Birth	Relationship
		Gender
		M F
Last Name	First Name	MI
SSN	Date of Birth	Relationship
		Gender
		M F

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only - Effective Date \_\_\_\_\_