



Enrollment Form with Dependent Data

1. Briefly describe how your work experience, training and education qualify you for the position of Student Support Services Assistant.
2. Describe your experience with Special Education data entry and maintenance. How have you ensured accuracy and organization when dealing with these tasks in previous roles?
3. Special Education files and records require careful management. Could you provide an example of how you've maintained and organized these records to ensure compliance and easy retrieval?

Employee Name (first and last): _____

Social Security Number: _____

Date of birth (mm/dd/yyyy): _____

Gender: ☐ male ☐ female ☐ other



Enrollment Form with Dependent Data

Employee Home Address: _____

Email Address: _____

Type of coverage selected: ☐ employee only ☐ employee and one dependent ☐ employee and child(ren)
☐ employee and family ☐ waive coverage

Coverage Start Date: _____ * **Dependent Relationship:** S=spouse, C=child, H=handicapped child, T=student

Dependent first name	Dependent last name	* Dependent Relationship	Gender	Date of birth mm/dd/yyyy
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /
		☐ S ☐ C ☐ H ☐ T		/ /

Employee Signature: _____

Please return this form to your benefits administrator. Do not return to VSP.

Office Use Only – Complete prior to sending to VSP

Group Name:	Client ID (8-digits):
Division Name:	Division ID (4-digits):