

MS ATTORNEY GENERAL'S OFFICE

VISION ENROLLMENT FORM

Please complete the following information:				
Social Security No.	Last Name	First	MI	Date of Birth / /
Home Address		Home Phone ()		Date of Hire / /
City	State	ZIP Code	Business Phone ()	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Effective Date:	Group #	Agent	Your E-mail Address	
List All Your Eligible Dependents That Are To Be Covered				
First	MI	Last	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birth Date
Spouse:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
Child:			M <input type="checkbox"/> F <input type="checkbox"/>	
I authorize payroll deductions for the amount shown below:		Monthly Deduction		
Employee Only	<input type="checkbox"/>	\$ 8.50		
Employee + One Dependent	<input type="checkbox"/>	\$ 16.98		
Employee + Family	<input type="checkbox"/>	\$ 24.97		

Signature: X _____ Date: _____