



Chinese  
Community  
Health  
Plan

CCHP



## VSP Individual Choice Plan (12/12/24) CCHP Vision Rider Enrollment Application

VSP vision rider is an optional benefit, and must be purchased in conjunction with your CCHP Individual/Family Plan (IFP). If you select to participate in the Vision rider, each subscriber and dependent enrolled in the medical plan must also be enrolled in the vision plan

**Applicant Information (PLEASE PRINT CLEARLY)**     New Enrollment     Adding Dependents

Last Name	First Name	Mi	CCHP Member ID#
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**Dependent Information (PLEASE PRINT CLEARLY)**

Relationship	Last Name	First Name	MI
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			

**2011 VSP Monthly Rate: \$5.50 per member per month.**

	<u>Number of Enrollees</u>	<u>Rate</u>	<u>Monthly Fee</u>
Subscriber	_____	x \$5.50	_____
Dependents	_____	x \$5.50	_____
		<b>Total</b>	_____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Agent Name: \_\_\_\_\_

Agent Code: \_\_\_\_\_

Date: \_\_\_\_\_