



CCHP

**VSP Vision Plan A \$10/\$25 (12/24/24)
Group Enrollment Application**

Proposed Effective Date: _____

VSP vision plan is an optional vision benefit. CCHP works with VSP to make vision coverage available for employers who want vision coverage in addition to CCHP medical coverage. VSP Vision coverage must be purchased in conjunction with CCHP Medical Coverage. Full participation of employee subscribers whom are currently enrolled in CCHP's medical coverage is required. Changes are allowed only during the group's medical open enrollment period.

Group Information (PLEASE PRINT)

Group Name: _____ CCHP Group ID #: _____
 Group Contact: _____ Telephone: _____
 Fax: _____ Email: _____

**2008 VSP Monthly Rate
(PER MEMBER PER MONTH)**

	<u>Number of Enrollees</u>	<u>Rate</u>	<u>Monthly Prepayment Fee</u>
Employee	_____	X \$5.32	\$ _____
Dependents	_____	X \$5.32	\$ _____
		Total	\$ _____

Authorized Personnel Name Title

Authorized Personnel Signature Date

Agent Information:	
Name:	_____
Code:	_____
Date:	_____