Name of Group NIS Nebraska Schools
Division:


Social Security No. $\quad$ Last Name / First Name / MI

Address - Street, City, State, Zip Code (optional):


Are you enrolling your Spouse in the VSP Plan? Y $\square \mathrm{N} \square$ If so, enter Spouse information in Section 5.

## 4 Coverage Level and Rates

| $(\sqrt{ })$ | Monthly Rates |  |
| :--- | :--- | :---: |
| $\square$ | Employee Only | $\$ 11.06$ |
| $\square$ | Employee + Spouse | $\$ 22.18$ |
| $\square$ | Employee + Child(ren) | $\$ 23.70$ |
| $\square$ | Employee + Family | $\$ 37.90$ |

PLEASE LIST ALL OF YOUR DEPENDENTS THAT WILL BE ENROLLED IN THE PROGRAM

| 5 | Last Name / First Name / MI | Date of Birth | Gender |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

$\square$ If this box is checked, I waive the NIS VSP vision coverage, until I would apply during an Open Enrollment period in the future.
Signature $\qquad$ Date

