

Employee & Dependent Enrollment Form

Name of group (Employer):

County of Dakota County Nebraska

Employee 's; Last name, first name, middle initial

Social Security Number:

Gender:

Date of Birth (XX-XX-XXXX);

Type of Coverage Selected:

Basic Coverage	Premier Coverage
<input type="checkbox"/> Employee Only \$9.47	<input type="checkbox"/> Employee Only \$18.29
<input type="checkbox"/> Basic Employee & Spouse	<input type="checkbox"/> Premier Emp & Spouse
<input type="checkbox"/> Employee & Children \$15.46	<input type="checkbox"/> Employee & Children \$29.88
<input type="checkbox"/> Employee & Family \$24.93	<input type="checkbox"/> Employee & Family \$48.17
<input type="checkbox"/> Waive Coverage	

*Dependent Relationship; S=Spouse, C=Child, H=Handicapped Child, T=Student

dependent last name	dependent first name	gender	*Dependent Relationship!				date of birth
			S	C	H	T	XX-XX-XXXX
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Employee Signature: _____

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

If additional space is needed for more children - please use a second form.

Check Box if 2nd form is used

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