Membership Enrollment Form

Limon School District RE-4J

Social Security Number	Member Last Name, First	Date of Birth

Do you have dependent children?	☐ Yes ☐ No
Do your dependent children, if over age 18, attend school full time?	☐ Yes ☐ No
Are you enrolling your dependents in the VSP plan?	☐ Yes ☐ No
Does your spouse have a vision plan?	☐ Yes ☐ No
If yes, who is covered?	☐ Yourself ☐ Spouse ☐ Dependent

Please list all of your dependents that you are enrolling.

Last Name, First	Date of Birth	Social Security Number
Spouse:		
Dependents:		