

California Judges Association Vision Service Plan (VSP)

Enrollment Form

(Please print)

Name: _____
Last Name First Name Middle Initial

Social Security Number: _____

Date of Birth: _____
Month Day Year

E-Mail Address: _____

Address: _____

Do you have dependent children? Yes ___ No ___
Do your dependent children, if over 18, attend school full time? Yes ___ No ___
Are you enrolling your dependent in the VSP plan? Yes ___ No ___

Please list dependents (if dependent or family coverage is selected):

<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Date of Birth</u>
Spouse: _____			
Dependent: _____			
Dependent: _____			
Dependent: _____			

I understand that my enrollment can be renewed on December 1st of every year by paying the billed annual premium.

Signature Date

Return this form along with your check payable to **CJA Insurance Administrators** for the appropriate amount to:

**California Judges Association
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
Ph (916) 239-4068 Fax (916) 924-7323**

VSP annual premium rates as of December 1, 2018

Member only:	\$169.00
Member & one dependent:	\$235.00
Member & family:	\$416.00