



**MEMBERSHIP ENROLLMENT FORM
CHOICE NETWORK**

School Name: _____

Employee Name: _____

Employee's Social Security Number: _____

Employee's Date of Birth _____

Effective Date: _____

I elect:

PLAN B WITH PROGRESSIVES			
Employee Only Coverage {C}: \$	8.84	<input type="checkbox"/>	Yes
Employee + Spouse {B}: \$	17.70	<input type="checkbox"/>	Yes
Employee + Child(ren) {D}: \$	18.92	<input type="checkbox"/>	Yes
Employee + Family {A}: \$	30.24	<input type="checkbox"/>	Yes

Employee Signature

Date

Payroll Use Only:

Added deduction to payroll _____

Added employee to portal on vsp _____