



Enrollment Form

Name of group (employer): **Pekin Public School District 108**

Employee last name, first name, middle initial: _____

Social Security Number: _____

Gender: male female

Date of birth (month/date/year): _____

- Type of coverage selected:
- employee only - \$2.97 per pay
 - employee and spouse - \$4.74 per pay
 - employee and children - \$4.84 per pay
 - employee and family - \$7.80 per pay
 - 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 mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
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			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

Employee Signature: _____

Please return this form to the Business Office. Do not return to VSP.