

**Pipestone Area Schools
Ameritas Group
Vision Enrollment Form**

Employee Name	
Date of Birth	
Social Security Number	
Home Address	
Date of Employment	
Occupation	
Hours worked per week	
Plan Selected (circle one)	High Plan Low Plan
Plan Selected (circle one)	Employee Employee + 1 Employee plus 2 or more
List Dependents Below (Along with Relationship if applying for employee + 1 or employee + 2 or more coverage)	

Monthly Premium Rates (circle the rate for the plan you are choosing):

	<u>Low Plan</u>	<u>High Plan</u>
Employee Only	\$ 6.24	\$10.80
Employee + 1	\$11.32	\$18.80
Employee +2 or more	\$16.08	\$25.68

Signature: _____ Date: _____
--

Waiver of Coverage: I waive coverage for myself and/or my dependents.
Signature: _____ Date: _____