

CARA VSP Application Form

Select Coverage : Member Only Member + Spouse Member + Child(ren) Family

Effective Date:	<input type="checkbox"/> 0001 ExamPlus Exam Only \$15 Exam	<input type="checkbox"/> 0003 Plan A (12/24/24) \$15 Exam \$30 Materials	<input type="checkbox"/> 0004 Plan B (12/12/24) \$15 Total Co-Pay
	<input type="checkbox"/> 0005 Plan B (12/12/24) \$15 Exam \$30 Materials	<input type="checkbox"/> 0006 Plan A (12/24/24) CVC \$15 Exam \$30 Materials \$10 Computer Vision Care	<input type="checkbox"/> 0007 Plan B (12/12/24) CVC \$15 Exam \$30 Materials \$10 Computer Vision Care
Policy / Client #:	<input type="checkbox"/> 0008 Plan B (12/12/24) CVC \$15 Total Co-Pay \$10 Computer Vision Care		

Group Name:

Member Information

SS # :	Date of Birth :	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name :	First Name :	M. I. :
Address :		
City :	State :	Zip Code :
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

<input type="checkbox"/> Spouse	Last Name :	First Name :
<input type="checkbox"/> Domestic Partner	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 1	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 2	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 3	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 4	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Check here if additional sheet(s) is attached with this application

X
Applicant Signature **Date**

Distributed By :	Administered By : AIS One Kaiser Plaza, Suite 1333 Oakland, CA 94612 Phone : 800.788.6524 Fax : 510.893.4445 www.ais-insurance.com (In Nevada, also known as EWC Insurance Services, Inc.)
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