

# CARA VSP Choice Application Form

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

<b>Policy / Client #:</b>	<input type="checkbox"/> <b>0009</b> Choice Plan A (12/24/24) \$15 / \$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0010</b> Choice Plan B (12/12/24) \$15 / \$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0011</b> Choice Plan C (12/12/12) \$15 Copay \$150 Allowance
---------------------------	--	--	---

**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 :  Single    Married    Divorced    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 <a href="http://www.ais-insurance.com">www.ais-insurance.com</a> (In Nevada, also known as EWC Insurance Services, Inc.)
------------------	--