



Finlandia University VISION SERVICE PLAN

2017 ENROLLMENT FORM

Name of Group (Employer) __Finlandia University _____

Employee Name: _____

Last name, first name, middle initial

Employee Social Security Number: _____

DOB _____

Type of coverage selected:

_____Employee only	\$8.46/mo (\$4.23/ppd)
_____Employee and one dependent	\$14.24/mo (\$7.12/ppd)
_____Employee and children	\$14.56/mo (\$7.28/ppd)
_____Employee and family	\$23.46/mo (\$11.73/ppd)

2017 Enrollment is Year 2 of 2, based on the 24-month period. Changes to enrollment status can be made during the open enrollment period.

Employee Signature

Date

Please return this form to Human Resources