Christian Schools International

CSI INSURANCE PLAN AND TRUST FUND
2969 Prairie St SW Ste 102 | Grandville MI 49418
t 616.284.3233 | 877.274.8796 ext 233 | f 616.301.2149
csiinsuranceplan@cebteam.org

OPTIONAL VISION INSURANCE ENROLLMENT AND CHANGE FORM

This optional vision plan is offered to insured employees and retirees under the CSI Insurance Plan. A network of participating providers through Vision Service Plan (VSP) provides benefits. You may obtain a list of participating providers online at **www.vsp.com**. Coverage is elected in twelve-month blocks. The coverage period is from September 1 through August 31 with the enrollment occurring once each year. Monthly premiums can be paid on a pretax basis through a Section 125 plan like the CSI Flexible Benefits Plan**.**

PLEASE NOTE: Employees who become eligible for benefits part way through the plan year can enroll in vision benefits only if 12 months of premium is paid within the plan year.

September 1, 2023 – August 31, 2024

Employee name _____ Birthdate _____ SSN _____

School name _____

Add or Change Coverage:
Coverage level (monthly premium)

	VSP 1	**VSP 2**
☐	Employee only ($9.64)	Employee only ($7.30)
☐	Employee+One ($14.74)	Employee +One ($11.14)
☐	Family ($26.40)	Family ($19.97)

Family members other than employee included in this coverage:

1. Name _____ Birthdate _____
   Relationship: ☐ Spouse ☐ Child Sex: ☐ Male ☐ Female
2. Name _____ Birthdate _____
   Relationship: ☐ Spouse ☐ Child Sex: ☐ Male ☐ Female
3. Name _____ Birthdate _____
   Relationship: ☐ Spouse ☐ Child Sex: ☐ Male ☐ Female
4. Name _____ Birthdate _____
   Relationship: ☐ Spouse ☐ Child Sex: ☐ Male ☐ Female
5. Name _____ Birthdate _____
   Relationship: ☐ Spouse ☐ Child Sex: ☐ Male ☐ Female

OR ☐ Terminate current coverage as of 8/31/23

I understand that I am electing to participate in the optional vision plan for this plan year and I authorize my employer to deduct from my earnings the full year's required contributions.

Employee's signature _____ Date signed _____

Forms may be submitted via email to: csiinsuranceplan@cebteam.org
Or mail to: Christian Schools International, ATTN: US Insurance, 2969 Prairie St SW, Ste 102, Grandville, MI 49418-2008