

MOA VISION SERVICE PLAN ENROLLMENT FORM



VISION SERVICE PLAN ENROLLMENT FORM

MICHIGAN OSTEOPATHIC ASSOCIATION

Member Name: _____

Address: _____

Phone number: _____

Member Social Security Number: _____

Gender: _____ Male _____ Female Date of Birth: _____

Type of coverage selected:

_____ Member only \$18.08

_____ Member + one dependent \$27.59

_____ Member and family \$49.48

Member Signature

Date

ABOVE RATES ARE MONTHLY AND EFFECTIVE 09/01/2016 THROUGH May 31, 2018

Please return this form to your MOA benefits administrator – Janna Ruedisale.

Do not return to VSP.

Fax to MOA at 517-347-1566

Or

Mail to: MOA Insurance Department

2445 Woodlake Circle

Okemos, MI 48864