



Snoqualmie Valley

Public Schools

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VISION ENROLLMENT FORM

NEW CHANGE COBRA

HIRE DATE		EFFECTIVE DATE		BIRTHDATE
SOCIAL SECURITY NUMBER	LAST NAME	FIRST	MI	
ADDRESS		CITY	STATE	ZIP
PLEASE LIST ALL DEPENDENTS TO BE COVERED DEPENDENTS MUST BE ELIGIBLE AS INCOME TAX DEPENDENTS		BIRTHDATE MO/DY/YR	CHECK IF DEPENDENT IS OVER AGE OR INCAPACITED. NAME & YEAR OF SCHOOL	
LAST NAME FIRST			SPOUSE: PLEASE INCLUDE DATE OF MARRIAGE	
SPOUSE				
DEPENDENT				
DEPENDENT				
DEPENDENT				
DEPENDENT				
DEPENDENT				
SIGNATURE			DATE	