



Welcome to

BRENTWOOD UNION FREE SCHOOL DISTRICT

GVS Vision Benefit Enrollment Form

Employee Type: Clerical Teacher Nurse BPSO (circle one)
 8614 8612 8612 8616

Member's Name: _____

Address: _____

Telephone #: _____

Member's Social: _____

Member's DOB: _____

Dependent's Name(s) & Date(s) of Birth:

Member's Signature: _____

Date Signed: _____