VSP Enrollment/Qualifying Event Form

The California State University Retirees

Sign up for VSP®.

Enrollee Information

Retirement/Qualifying Event Date _____/_____ /_____

SSN_____ Gender _____

Date of Birth_____/_____ /_____

Legal First Name_____

Legal Last Name _____

Home Address _____

City _____ State_____ ZIP Code _____

Email Address _____

Phone Number _____

Your VSP Coverage (Choose One).

Maximum Age Limits: Child Age: **26**. Dependent would be eligible until the last day of their birth month. **Note:** Disabled children remain eligible beyond age 26.

Basic Plan

☐ Retiree Only	$5.10 Monthly
☐ Retiree + One	$9.31 Monthly
☐ Retiree + Family	$9.98 Monthly

Premier Plan

☐ Retiree Only	$14.80 Monthly
☐ Retiree + One	$27.63 Monthly
☐ Retiree + Family	$29.64 Monthly

ADD	FAMILY MEMBER NAME (Only list dependents if you did not select Retiree only)	DATE OF BIRTH (Month/Day/Year)	GENDER (M/F/N)	RELATIONSHIP TO MEMBER (Spouse/Domestic Partner, Child, Disabled Child, etc.)
☐				
☐				
☐				
☐				
☐				
☐				

Please read before signing. By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan as described in the benefit document for a minimum twelve (12) month period. I understand that upon completion of my twelve (12) months, I will not be eligible to make changes to my plan until the next open enrollment period. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I understand that my VSP premiums will automatically be deducted from my retirement check. Uncollected premiums will result in the termination of my VSP benefit unless other payment arrangements are made with VSP.

Retiree Signature_____ Date _____

By signing above, I understand that I am enrolling for a minimum of a 12-month period.

vsp vision care

Enrollment

Use this form to enroll or make changes within 60 days of your retirement or qualifying event date.

VSP Client Number

Basic	30059425
Premier	30078083

Questions?

Call VSP at **800.400.4569** or visit **csuretirees.vspforme.com**.

Enrolling in VSP Is Easy

Send this completed form to:
VSP Individual Billing
MS 229
PO BOX 997100
Sacramento, CA 95899
OR
Fax to: **916.389.8305**
Email to: **CSUniv@vsp.com**

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

Classification: Restricted