VSP® Vision Care Enrollment Form

The California State University Retirees

Sign up for VSP.

Enrollee Information

Retirement 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 at the age listed above.

Basic Plan	2020 Rate	2021 Rate
O Retiree Only	$5.26 Monthly	$5.13 Monthly
O Retiree + One	$9.76 Monthly	$9.40 Monthly
O Retiree + Family	$10.47 Monthly	$10.08 Monthly

Premier Plan	2020 Rate	2021 Rate
O Retiree Only	$15.68 Monthly	$15.03 Monthly
O Retiree + One	$29.43 Monthly	$28.09 Monthly
O Retiree + Family	$31.59 Monthly	$30.14 Monthly

Add	Family Member Name (Only list dependents if you didn't select Retiree Only.)	Date of Birth (Month/Day/Year)	Gender (M/F)	Relationship to Member (Spouse/Domestic Partner, Child, etc.)
O				
O				
O				
O				
O				
O				

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.

Enrollment

Up to 60 days after your retirement

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 TPA Client Services
P.O. BOX 997100
Sacramento, CA 95899
OR Fax to: 916.389.8305