VSP® Vision Care Premier Enrollment Form

The California State University Active

Sign up for VSP Premier Benefits

Enrollee Information

Full SSN _____ Official Campus Name _____

Date of Birth _____/ _____/ _____ Gender _____

Legal First Name _____

Legal Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____

Your VSP Premier Coverage (Choose one.)

- ○ Member Only. . . . . $4.33 Monthly
- ○ Member + One . . . . . $16.13 Monthly
- ○ Member + Family . . . . . $30.52 Monthly

Premier Dependent Requirement: Eligible dependents not included with Premier enrollment will not be able to seek services under the Basic Plan.

Maximum Age Limits: Child Age: **26.** Dependent would be eligible until the last day of their birth month at the age listed above.

Enrollment
Up to 60 days after your hire or new eligibility

VSP Client Number
30077022

Questions?
Call VSP at **800.400.4569**
or visit csuactives.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: 916-463-9031

Add	Family Member Name (Only list dependents if you didn't select Member Only.)	Date of Birth (Month/Day/Year)	Gender (M/F)	Relationship to Member (Spouse/Domestic Partner, 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 enrollment in the Premier Plan is effective with the first Premier Plan deduction from my payroll check. Uncollected premiums will result in the termination of my VSP benefit unless other payment arrangements are made with VSP.

Enrollee Signature _____ Date _____

By signing above, I understand that I am enrolling in Premier for a minimum of a 12 month period and I certify that the family members listed are eligible dependents pursuant to CSU policy.