

VSP® Vision Care Premier Enrollment Form

The California State University

FERP



Sign up for VSP Premier Benefits

FERP 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.)

Your VSP Premier Coverage is available through direct bill only.
 Premiums will not be taken from your CSU or retirement pay check.

- Member Only \$4.33 Monthly
- Member + One \$16.13 Monthly
- Member + Family \$30.52 Monthly

Premier Dependent Requirement: Eligible dependents not included in 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.

Add	Family Member Name <small>(Only list dependents if you didn't select Member Only.)</small>	Date of Birth <small>(Month/Day/Year)</small>	Gender <small>(M/F)</small>	Relationship to Member <small>(Spouse/Domestic Partner, Child, etc.)</small>
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

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 when VSP has processed payment received by both my employer and me. I understand and agree that in order to continue my vision Premier Plan coverage, I am responsible for paying VSP each month through a direct bill process setup between me and VSP. Uncollected premiums will result in the termination of my VSP benefit.

FERP 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.

Enrollment

Up to 60 days after your FERP appointment

VSP Client Number

30077315

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