

The CSU Retiree Voluntary Vision Program Enrollment Form

Sign up for VSP Vision Care.
Choose the coverage that's best for you.

	Monthly
Retiree Only	\$9.19
Retiree + One Dependent	\$16.48
Retiree + Family	\$17.63

Complete, sign, and date the form below and mail it to VSP.

Your VSP Coverage

Check one:

- Retiree Only
- Retiree + One Dependent
- Retiree + Family



Retiree Information

First Name _____ Last Name _____ SSN _____ - _____ - _____

Home Address _____

City _____ State _____ Zip Code _____

Billing Address (if different) _____

City _____ State _____ Zip Code _____

E-mail Address _____ Phone _____ Date of Birth _____

Dependent Name <small>(Only list dependents if you selected "Retiree + One Dependent" or "Retiree + Family.")</small>	Date of Birth <small>(Month/Day/Year)</small>	Relationship to Enrollee <small>(Spouse, Domestic Partner, Child, etc.)</small>

Please read before signing. By signing below, I agree that all information is true and understand that I'm enrolling for a minimum 12-month period. The plan year runs January 1 through December 31 of each calendar year. If my effective date of coverage is February 1 or later, I am required to maintain enrollment for the balance of the plan year in which I enroll and for 12 months in the following plan year unless a permitting event occurs that allows me to change my enrollment. Once I am enrolled for the required length of time as stated above, I understand that my VSP plan will automatically renew unless I specifically elect not to renew during the open enrollment period. I also acknowledge that enrollment in the plan authorizes CSU to deduct monthly vision premiums from my CalPERS or CalSTRS retirement warrant. I understand that if my retirement warrant is not adequate to cover the cost of my monthly premiums, VSP will bill me directly. I understand that failure to submit premium payment by the legally required due date will result in the termination of my VSP plan benefit.

Enrollee Signature _____ **Date** _____

Sign up for VSP.

Complete this form within 60 days of your retirement date.

Questions?

Visit vsp.com/go/csuretirees or call VSP at **800.877.7195**.

Enrolling in VSP is easy.

Complete and mail this enrollment form to:

VSP Vision Care
Attn: Client Administrative Services
MS 229
PO Box 997100
Sacramento, CA 95899-9986