VSP Vision Care Enrollment Form

Ivy Tech Community College

Part-Time Employees, Adjunct Faculty Members, and Retirees

Sign up for VSP®.

ENROLLEE INFORMATION

Banner ID/C # _____

Date of Birth _____/_____/_____

Legal First Name _____

Legal Last Name _____

Home Address _____

City _____ State _____ ZIP Code _____

Email Address _____

Phone Number _____

YOUR ENROLLMENT TYPE (CHOOSE ONE.)

☐ Employee ☐ Retiree

YOUR VSP COVERAGE (CHOOSE ONE.)

☐ Employee/Retiree Only ☐ Employee/Retiree + Child(ren)

☐ Employee/Retiree + Spouse ☐ Employee/Retiree + Family

	MONTHLY	QUARTERLY	ANNUALLY
Employee/Retiree Only	$9.50	$28.50	$114
Employee/Retiree + Spouse	$18.87	$56.61	$226.44
Employee/Retiree + Child(ren)	$20.18	$60.54	$242.16
Employee/Retiree + Family	$32.27	$96.81	$387.24

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

Coverage Effective

First of the month following enrollment, as long as you enroll within 31 days from date of hire or qualifying event.

Questions?

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

Enrolling in VSP is easy

Choose one of these options:

Mail Completed Form To:

VSP Attn: Individual Billing
MS 229
PO Box 997100
Sacramento, CA 958

Fax Completed Form To:

VSP at **916.463.9031**

ADD	FAMILY MEMBER NAME (Only list dependents if you didn't select Employee/Retiree Only)	DATE OF BIRTH (Month/Day/Year)	GENDER (M/F)	RELATIONSHIP TO EMPLOYEE/RETIREE (Spouse/Domestic Partner, Child, etc.)
☐				
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☐				
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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 for a twelve (12) month period, unless there is an IRS Section 125 qualified permitting event. You'll be billed directly by VSP. Uncollected premiums over 30 days past due will result in the termination of your VSP benefit and could result in collection action for any unpaid premiums.

Enrollee Signature _____ Date _____

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**.

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