



YOU MAY BE ELIGIBLE TO UPDATE YOUR MEMBERSHIP ONLINE AT VSP.COM. FOR MORE INFORMATION VISIT WWW.VSP.COM OR CALL 800-216-6248. CHANGES TO YOUR VSP MEMBERSHIP ARE EASY AND INSTANTANEOUS WITH THE ONLINE ELIGIBILITY MANAGEMENT TOOL.

Only use this form to update your membership when not using the online eligibility management tool. When you are retroactively terminating coverage for your employees, you are allowed TWO (2) months plus the current month.

| GROUP NAME | GROUP / DIVISION / CLASS NUMBER |
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| Action Codes | Coverage Codes |
| A = Add employee | A = Family |
| T = Terminate employee | B = Employee plus one dependent (child or spouse) |
| X = Transfer (indicate the div#, class#) | C = Employee only, no dependents |
| C = Change (name change, coverage change, etc.) | D = Employee plus child(ren) |
| R = Reinstatement employee | |

| Action Code | Member ID Number | Employee's Name Last, First | Emp's DOB | Division Number | Class Number | Coverage Code | Effective Date |
|-------------|------------------|--------------------------------|--------------|--------------------|-----------------|------------------|-------------------|
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Please fax this completed sheet to **877-654-3727**. Membership will be keyed within three (3) business day of receipt. There is no need to mail the same updates.

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| Requestor Name _____ | Date ____/____/____ | Telephone (____)____-____ | 06/05 |
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