



**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 NUMBER	DIVISION	CLASS
Action Codes		Coverage Codes	Relation Codes	
A = Add employee		A = Family	S = Spouse	
T = Terminate employee		B = Employee plus one dependent (child or spouse)	C = Child	
X = Transfer (indicate the div#, class#)		C = Employee only, no dependents	T = Full Time Student	
C = Change (name change, coverage change, etc.)		D = Employee plus child(ren)	P = Domestic Partner	
R = Reinstate employee				

Action Code	Member ID Number	Employee's Name Last, First	Emp's DOB	Cov Code	Effective Date	Dependent's Name Last, First	Dep's DOB	Relation Code	Xfer to Div.	Xfer to Class

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.

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