



**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.

<b>GROUP NAME</b>	<b>GROUP / DIVISION / CLASS NUMBER</b>
<b>Action Codes</b>	<b>Coverage Codes</b>
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 = Reinststate employee	

Action Code	Member ID Number	Employee's Name Last, First	Emp's DOB	Division Number	Class Number	Coverage Code	Effective Date

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