


THE CALIFORNIA STATE UNIVERSITY
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Date: November 13, 2006

Code: TECHNICAL LETTER
HR/Benefits 2006-11
Supplement #1

To: Human Resources Directors
Benefits Officers

From: Gail Brooks 
Associate Vice Chancellor
Human Resources

Subject: Transition Information Regarding The California State University Vision Plan

This technical letter provides additional information regarding the January 1, 2007, transition of vision benefits coverage to VSP, the new vision insurance carrier for the California State University (CSU).

VISION ENROLLMENT PROCESSING FOR CURRENT AND NEW EMPLOYEES

The State Controller's Office (SCO) will automatically update deduction code(s) (450-004 or 450-996) in mid-December for employees who are currently enrolled in vision, and VSP will have access to benefits eligibility data toward the end of December.

Campuses that hire employees on or after December 1, 2006, must process a new enrollment using the deduction code(s) assigned to VSP. Although most campuses are transmitting vision, life insurance and long-term disability benefits transactions to the SCO via a file transfer protocol (FTP) interface, these benefits also can be manually processed by submitting a completed Miscellaneous Benefits Enrollment Authorization form (Attachment A) to the SCO. The newly revised Miscellaneous Benefits Enrollment Authorization Form has been updated to list the monthly and annual deduction and organization codes for vision. This document is available in both Word and PDF Fill and Print formats.

A list of Faculty Early Retirement Program (FERP) employees whose annual payment for vision benefits extends beyond December 31, 2006, will be provided to VSP to transition enrollment for this group. If the FERP employee remains eligible for benefits upon expiration of the annual payment and is subsequently re-appointed, the campus must process a new vision enrollment transaction through the SCO.

VISION GROUP NUMBER

VSP has assigned the CSU the following group number: 12292796.

Distribution:

CSU Presidents
Vice Chancellor, Human Resources
Associate Vice Presidents/Deans of Faculty

Employee Relations Designees
Payroll Managers
State Controller's Office

GENERAL INFORMATION REGARDING ACCESS OF BENEFITS

Effective January 1, 2007, employees will be able to complete an online member registration enrollment to create a user identification (ID) and password, for the purpose of viewing his/her vision benefits at www.vsp.com. *If employees access the website prior to January 1, they will not be able to register online, research VSP Select Network doctors, or view benefit information.* However, they can contact the VSP Customer Service Department at (800) 877-7195, to ask questions regarding the VSP Select Network and vision benefits. To assist Benefits Representatives with employee communication, a list of VSP Select Network providers is attached (Attachment B).

OUT-OF-NETWORK CLAIMS REIMBURSEMENT INFORMATION

As previously stated in HR/Benefits 2006-11, claim forms are not necessary for employees wishing to access standard vision benefits through either a VSP Select Network provider or a non-VSP provider. For employees who utilize a non-VSP provider, an itemized receipt along with a completed VSP Out-of-Network Reimbursement form (Attachment C) should be mailed to the following address:

VSP
P.O. Box 997105
Sacramento, CA 95899-7105

A personalized Out-of-Network Reimbursement form also can be downloaded from the VSP website when the employee logs onto the VSP website using his/her personal information. Upon receipt of the documents, VSP will reimburse the employee based on the out-of-network allowances.

MEDICALLY NECESSARY CONTACT LENSES

VSP Select Network providers will communicate directly with VSP if an employee is deemed eligible for medically necessary contact lenses. If an employee utilizes a non-VSP provider, that information should be reflected on an itemized statement. Therefore, no additional forms are needed.

VIDEO DISPLAY TERMINAL (VDT) CONFIRMATION FORM

The Video Display Terminal (VDT) benefit is designed to meet the specific eye care needs of those who regularly work with video display terminals. An active employee who utilizes a video display terminal four (4) or more hours per day on a regular basis as provided in his/her CSU job description, is eligible to receive a supplemental vision examination and eyewear specifically for VDT use.

The VDT Confirmation form (Attachment D) must be completed by the employee and submitted to the eye care provider, whether or not the provider is in-network or out-of-network. Employees who qualify for the VDT benefit must contact the campus Benefits Office to obtain a VDT claim form.

COBRA AND DIRECT PAY TRANSITION INFORMATION

It has been determined that several COBRA enrollees have made vision continuation payments to MES/Blue Shield through 2007. MES/Blue Shield is scheduled to process and mail refunds to these individuals no later than November 17, 2006.

To ensure a seamless transition, VSP has been provided a list of current COBRA and Direct Pay enrollees that are eligible for continuation of vision benefits beyond December 31, 2006. In early December, these individuals will receive a welcome letter from VSP, along with a set of billing coupons for remittance.

Employees that lose benefits eligibility and become newly eligible for COBRA or Direct Pay during the December pay period or thereafter should be provided with the appropriate VSP COBRA Enrollment form (Attachment E) or VSP Direct Pay form (Attachment F). If benefits eligibility is lost prior to the December pay period, and is expected to extend beyond December 31, 2006, the employee should be provided with vision benefit continuation forms for both MES/Blue Shield and VSP, as deemed appropriate by the Benefits Representative.

Please note: Effective January 1, 2007, the \$5.00 billing fee has been eliminated for Direct Pay enrollees. Direct Pay enrollees are responsible only for the monthly vision premium. COBRA enrollees will continue to be assessed the 2% administrative fee, in addition to the monthly vision premium.

VSP CONTACT INFORMATION

A contact list that contains the address, telephone number and e-mail address of VSP representatives assigned to CSU, will be e-mailed directly to campus Benefits Representatives, with the release of this technical letter.

ADDITIONAL INFORMATION

VSP will provide each campus Benefits Representative with a compact disc (CD) of informational articles, benefits language and photographs titled "Hassle-Free Tools for Communicating to Members," to assist campuses in communicating VSP to employees. The CD, scheduled to arrive by the end of November, also will accompany a supply of the following forms:

- Out-of-Network Reimbursement form
- VDT form
- COBRA Enrollment form
- Direct Pay Enrollment form

Electronic versions of the forms listed, also will be provided to Benefits Representatives.

The following announcement regarding VSP will appear on employees' pay warrant dated January 1, 2007:

“Benefits Eligible Employees: Effective 01/01/07, VSP is the CSU Vision Plan's new insurance carrier. Learn more about VSP and your vision benefits at www.vsp.com, or call VSP at (800) 877-7195. For more details on CSU benefits, contact your Benefits Office or access the CSU Benefits Portal at: <http://www.calstate.edu/hr/benefitsportal/>.”

Questions regarding this Technical Letter may be directed Human Resources Administration at (562) 951-4411. This Technical Letter is also available on the Human Resources Administration's Web site at: <http://www.calstate.edu/HRAAdm/memos.shtml>.

GB/mh

Attachments A, C, E, F only



The California State University

Miscellaneous Benefits Enrollment Authorization Form

Instructions:

Completion of this form enrolls or deletes coverage for employees appointed at least half-time for 6 months and 1 day, and part-time Lecturers and Coaches (qualified under AB 211 and CB Agreement) that are eligible for Vision, Life Insurance and/or Long-Term Disability (LTD) benefits. Upon separation or loss of eligibility due to reduction of time base below 0.5 (for general eligibility) or 0.4 (for AB 211) enrollments, deletion of coverage MUST be submitted to the State Controller's Office (SCO) immediately.

If enrolling the employee in a specific benefit, or if the employee is ineligible for a particular benefit, place horizontal lines through the Deduction Code (section 4) and Organization Code (section 5). The effective date of enrollment is the pay period the employee is hired or becomes eligible (section 7).

Please type or print clearly.

TO: STATE CONTROLLER – PPSD/PAYROLL SERVICES							
Please enroll or cancel coverage as indicated below:							
(1) Social Security Number	(2) Name (First) (Middle) (Last)			(3) Position Number			
				Agency	Unit	Class Code	Serial
Employee CBID:							
BENEFIT PLAN	(4) Deduction Code	(5) Organization Code	(6) Change Type (Check One)		(7) Pay Period		(8) Party Code
			New Enrollment	Delete	Month	Year	
VISION All Employees exc. FERP (Monthly Deduction)	450	004	<input type="checkbox"/>	<input type="checkbox"/>			3
VISION FERP Employee Only (Annual Deduction)	450	996	<input type="checkbox"/>	<input type="checkbox"/>			
LIFE INSURANCE	250		<input type="checkbox"/>	<input type="checkbox"/>			
LTD	250		<input type="checkbox"/>	<input type="checkbox"/>			
REMARKS:							
PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:							
FORM COMPLETED BY (PLEASE PRINT):				AUTHORIZED SIGNATURE			
CAMPUS NAME		TELEPHONE NUMBER			DATE SIGNED		

Mail Completed Form To:

State Controller's Office
PPSD/Miscellaneous Deductions Unit
P.O. Box 942850
Sacramento, CA 94250

CALIFORNIA

VSP

LIST OF PARTICIPATING DOCTORS IN THE SELECT NETWORK



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3333 Quality Dr., Rancho Cordova, CA 95670 (800) 877-7195

VSP is an Equal Opportunity and Affirmative Action employer.

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Bernard K. Rubin, O.D. 1850 N. Riverside Ave., Ste. 100, (909) 421-3030
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Frederick Fuerst, O.D. 6809 Five Star Blvd., Ste. 100A, (916) 624-2020
Scott E. Gittins, O.D. 6809 Five Star Blvd., Ste. 100A, (916) 624-2020
Brandon G. Le Sueur, O.D. 6809 Five Star Blvd., Ste. 100A, (916) 624-2020
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Minh Ho, O.D. 3652 Rosemead Blvd., (626) 573-2008
Raymond Z. Huang, O.D. 8150 E. Garvey Ave., Ste. 103A, (626) 288-8759
Alan M. Levine, O.D. 9212 Valley Blvd., (626) 288-2308
Steven S. Ma, M.D. 9428 Valley Blvd. Second Floor, (626) 350-6776
Thuy L. T. Pham, O.D. 8748 Valley Blvd., Ste. J, (626) 573-2020
Lynn K. Szeto, O.D. 8450 Valley Blvd., Ste. 110, (626) 280-6212
Jubilee H. Tang, O.D. 9212 Valley Blvd., (626) 288-2308
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 Elaine Y. Hse, O.D. 18453 E. Colima Rd., Ste. B, (626) 581-1885
 Samuel Y. Huang, O.D. 1015 Nogales St., Ste. 109A, (626) 965-8698
 Dennis S. Jhee, O.D. 18742 Colima Rd., (626) 854-1001
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 Helen Kwong, O.D. 1023 9th St., (916) 443-1711
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 Winnie Lei, O.D. 2831 J St., (916) 442-5126
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 Peter R. Nehrebecki, O.D. 240 Shotwell St., Ste. 206, (415) 621-5335
 Ruby Sanchez, O.D. 2490 Mission St., (415) 550-8778
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Outer Mission

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 Isabel Kazemi, O.D. 5515 Geary Blvd., (415) 387-3553
 Kimberry La, O.D. 414 Clement St., Ste. 1, (415) 668-0626
 Chester W. Lim, O.D. 235 Clement St., (415) 221-3342
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 Samuel S. Gelbart, M.D. 595 Buckingham Way, Ste. 448, (415) 564-1060
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 Charles T. Holt, O.D. 678 E. Santa Clara St., (408) 293-2020
 Esther O. Kim, O.D. 214 Jackson St., (408) 293-3730
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 James K. Eu, O.D. 1937 A Tully Rd., Ste. A, (408) 923-0400
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 Bang K. Tran, O.D. 1982 Tully Rd., (408) 223-0994
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 William J. Hyatt, O.D. 590 Blossom Hill Rd., (408) 227-2020
 Karen Kallmann, O.D. 5710 Cahalan Ave. Bldg. 5B, (408) 225-5935
 Curtis W. Keswick, O.D. 6531 Crown Blvd., Ste. 4, (408) 997-2020
 Lisa K. Ko, O.D. 488 Blossom Hill Rd., (408) 578-2020
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 A. Maha Jerani, O.D. 925 Blossom Hill Rd., Ste. 1714, (408) 281-3926
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 Dennis L. Olson, O.D. 5710 Cahalan Ave. Bldg. 2, (408) 229-2020
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Amy M. Brown, O.D. 421B Pioneer Ave., (530) 661-0300
 Dena Davidson, O.D. 120 W. Court St., Ste. A, (530) 668-6000
 Joseph H. Huang, O.D. 421B Pioneer Ave., (530) 661-0300
 Kali J. Leonard, O.D. 421B Pioneer Ave., (530) 661-0300
 Ellen B. Liebowitz, O.D. 421B Pioneer Ave., (530) 661-0300
 Robert B. Miller, M.D. 120 W. Court St., Ste. A, (530) 668-6000
 Jonathan P. Perlman, M.D. 610 Cottonwood St., (530) 666-0333
 Sheldon K. Smith, O.D. 316 Walnut St., (530) 662-2020
 Lily Wang, O.D. 610 Cottonwood St., (530) 666-0333

WOODLAND HILLS

Matthew R. Alpert, O.D. 20929 Ventura Blvd., Ste. 36, (818) 883-4303
 Kenneth J. Arenson, M.D. 6325 Topanga Canyon, Ste. 224, (818) 340-5600
 Joseph Cohen, O.D. 19737 Ventura Blvd., Ste. 201, (818) 345-3937
 Richard S. Eisenberg, O.D. 21835 1/2 Ventura Blvd., (818) 883-9562
 Bruce J. Lucas, O.D. 20121 Ventura Blvd., Ste. 102, (818) 348-1266
 Ross J. Somers, O.D. 21925 Ventura Blvd., (818) 340-0066

YORBA LINDA

Lisa A. Benham, O.D. 21520 Yorba Linda Blvd., Ste. B, (714) 777-7867
 Seth Bernstein, O.D. 21520 Yorba Linda Blvd., Ste. B, (714) 777-7867
 Charles F. Bittel, O.D. 20399 Yorba Linda Blvd., (714) 779-8521
 Emily M. Kim, O.D. 19871 Yorba Linda Blvd., Ste. 101, (714) 777-2004
 Katherine M. Kim, O.D. 19871 Yorba Linda Blvd., Ste. 101, (714) 777-2004
 Christine A. Matson, O.D. 18291 Imperial Hwy., (714) 777-1770
 Kauser Sharieff, O.D. 17524 Yorba Linda Blvd., (714) 996-6210
 Tammy Shinen, O.D. 18291 Imperial Hwy., (714) 777-1770
 John C. Spaeth, O.D. 4945 Yorba Ranch Rd., Ste. E., (714) 692-2063
 Dieter Steimann, O.D. 18282 Imperial Hwy., (714) 777-3969

YREKA

I. Jack Cowley, M.D. 2524 Westside Rd., (530) 842-2760
 David S. England, O.D. 2524 Westside Rd., (530) 842-2760
 William S. Epstein, M.D. 2524 Westside Rd., (530) 842-2760
 Robert H. Ewing, M.D. 2524 Westside Rd., (530) 842-2760
 Jason M. Larsen, O.D. 2524 Westside Rd., (530) 842-2760
 Terry D. Williams, O.D. 1517 S. Oregon St., (530) 842-5705

YUBA CITY

Bradley Baker, O.D. 1245 Tharp Rd., (530) 674-5273
 David A. Bradley, O.D. 747 Plumas St., (530) 673-8440
 Thomas W. Burk, O.D. 1050 Live Oak Blvd., (530) 671-1740
 Russell B. Ng, O.D. 710B W. Onstott Rd., (530) 755-0222
 Thomas W. Sanders, O.D. 1215 Plumas St., Ste. 1100, (530) 671-2822
 Gary R. Taxera, O.D. 1245 Tharp Rd., (530) 674-5273
 Loan K. Tran, O.D. 1282 Stabler Ln., Ste. 620, (530) 755-9886

YUCAIPA

Glen R. Gaerte, O.D. 13391 California St., (909) 795-9747
 Lewis E. Kemmerer, O.D. 13391 California St., (909) 795-9747
 Norman Robert Miller, O.D. 34806 Yucaipa Blvd., (909) 797-0134
 Steven A. Miller, O.D. 34806 Yucaipa Blvd., (909) 797-0134
 Steven O. Rimmer, M.D. 13391 California St., (909) 795-9747
 George G. Saunders, O.D. 33598 Yucaipa Blvd., Ste. 3, (909) 790-9224
 Brian E. Van Dusen, O.D. 34590 County Line Rd., Ste. 1, (909) 795-2416

YUCCA VALLEY

Charles J. Baus, O.D. 56970 Yucca Trail, Ste. 101, (760) 228-2020
 Ronald Y. Hayashida, O.D. 56970 Yucca Trail, Ste. 101, (760) 228-2020

David V. Leaming, M.D..... 57019 Yucca Trail, Ste. D, (760) 369-7350
Dennis G. Lowman, O.D..... 56970 Yucca Trail, Ste. 101, (760) 228-2020
Gregory L. McFarland, O.D..... 57019 Yucca Trail, Ste. D, (760) 369-7350

Barton M. Pedersen, O.D..... 56970 Yucca Trail, Ste. 101, (760) 228-2020
James M. Rachford, O.D..... 57463 29 Palms Hwy., Ste. 201, (760) 365-2020

PLEASE NOTE

By acceptance and use of this VSP doctor list, recipient recognizes and agrees that the information contained herein is protected proprietary information and publication or dissemination of the information contained herein for any purpose other than the normal and necessary implementation of the VSP vision care plan is prohibited.

All VSP doctors accept new patients. The VSP doctors contained in this list were VSP doctors at the time the list was created. However, this list is subject to change without notice. Please check with the VSP doctor of your choice when making your appointment to ensure he or she is currently participating with VSP and provides the services you require. This list is also available on our Web site at www.vsp.com and is updated weekly.



VSP Out-of-Network Reimbursement Form

Employer: California State University

Group Plan Number: 12292796

Employee Information:

Employee's Name: _____ Date of Birth: _____

Last 4-digits of Employee's Social Security Number: _____ Campus of Employment: _____

Mailing Address: _____ City: _____ State: ____ ZIP Code: _____

Phone #: _____

Patient Information:

Patient's Name: _____ Date of Birth: _____

Relationship to Employee: _____

Reimbursement Request Information:

Date Services were received: _____

Services received (please circle any that apply and provide the amount paid for each)

Exam \$ _____

Lenses: Single Vision

Bifocal

Trifocal

\$ _____

Lens Options:

Tint \$ _____

Other* \$ _____

*(Includes Scratch Coatings, Anti-Reflective coatings, etc.)

Frame \$ _____

Contact Lenses \$ _____

Contact fitting &/or Evaluation \$ _____

If available, provide the following information about the out-of-network doctor where services were rendered:

Provider Name: _____ Phone Number: _____

Address: _____

City: _____ State: ____ ZIP Code: _____

Instructions for Reimbursement:

Attach a copy of the itemized receipt to this form and mail to the address below. For employees eligible for the Video Display Terminal (VDT) coverage, you must also obtain the VSP VDT Confirmation Form from the campus Benefits Office and include it with the paperwork in order to be reimbursed according to the CSU plan allowances.

VSP
P.O. Box 997105
Sacramento, CA 95899-7105
Attn: Out-of-Network Claims

For additional information on your eyecare benefits, please visit vsp.com or call 800-877-7195.



VSP VIDEO DISPLAY TERMINAL CONFIRMATION FORM

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

The VSP Video Display Terminal (VDT) Confirmation Form is only provided to CSU employees who meet the necessary job requirements as determined by the CSU campus benefits office. This form must be completed by the employee and provided to a VSP Select Network doctor to receive the supplemental VDT benefit. Please call VSP Member Services at 800-877-7195 if you have questions about the benefit.

INSURED TO COMPLETE AND SIGN THIS SECTION

Employee's Name (Last Name First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 Digits Of Social Security Number
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Street Address	Employee's Birthdate
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City, State, and Zip Code

General Visual Information

- Time spent at VDT? _____ Hours per day.
- Work is performed while: Sitting Other (please describe): _____
- Job Title: _____
- Lighting in work area (Please describe): _____

Are you experiencing any of the following symptoms while at your VDT? Check all which apply.

Headaches Blurred Near Vision Blurred Distant Vision Slowness in Focusing (Distant to near and back)

Double Vision Sore or Tired Eyes (Strain) Glare (Light) Sensitivity Dry or Watery Eyes Burning, Itching or Red Eyes

Neck and Shoulder Pain Back Pain

Do you wear glasses while working at the VDT? YES NO Please bring them with you to the examination

Do you wear contacts while working at the VDT? YES NO Please bring them with you to the examination

Do you view reference material while working at the VDT? YES NO What percentage of time? _____

In order for the doctor to accurately assess your occupational vision needs and possible appropriate eye wear, the following distances/direction must be completed:

Viewing distance eye to VDT screen is _____ inches. Viewing distance eye to VDT keyboard is _____ inches.

Viewing distance eye to reference material is _____ inches.

The center of the VDT screen is: above equal to below eye level If above or below, by how many inches? _____

Reference material is: above equal to below eye level If above or below, by how many inches? _____

The above answers are true and complete according to the best of my knowledge and belief. By signing this form, I hereby certify that my CSU job requires me to use a video display terminal four or more hours per day on a regular, ongoing basis. I understand that if I obtain services and do not meet these VDT eligibility requirements, I will be responsible for any and all charges incurred. I hereby assign payable benefits to participating providers.

Employee Signature	Date
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OUT OF NETWORK INSTRUCTIONS:
 Dollar for dollar you get the best value from your benefit when using a VSP Select Network doctor. If you decide to use a non-VSP Provider, the \$10 exam copay still applies. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are also required to pay the provider in full at the time of your appointment and submit to the mailing address below both a copy of the this form and itemized receipt to VSP for partial reimbursement based on the plan allowances.

VSP
PO Box 997105
Sacramento, CA 95899-7105
Attn: Out-of-Network Claims



ELECTION OF CONTINUED VISION COVERAGE THROUGH COBRA

Questions? Call 1.800.852.7600 ext. 4637

Group Name: CALIFORNIA STATE UNIVERSITY	Date of Qualifying Event:	Date COBRA Coverage Begins:
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ELECTING CONTINUATION OF VISION CARE COVERAGE:

Under COBRA, federal regulations specify that you and/or your dependent(s) have 60 days (the "Election Period") from the later of the date of continuation of coverage/COBRA notice, or the date of the loss of coverage to elect to continue participation, and 45 days from the date of election to submit the first payment to VSP.

DESCRIPTION OF QUALIFYING EVENT:

<input type="checkbox"/> Disabled on the date of qualifying event	<input type="checkbox"/> Reduction of hours
<input type="checkbox"/> Legal separation or divorce	<input type="checkbox"/> Retiree
<input type="checkbox"/> Dissolution of Registered Domestic Partnership	<input type="checkbox"/> Surviving Dependents / Widow
<input type="checkbox"/> Loss of child's dependent status	<input type="checkbox"/> Termination of employment

ELIGIBILITY PERIOD:

<input type="checkbox"/> 18-month coverage
<input type="checkbox"/> 29-month coverage
<input type="checkbox"/> 36-month coverage

COBRA APPLICANT INFORMATION:

Name of COBRA Applicant (Last, First, Middle Initial)	Social Security Number	Birth Date (Month/Day/Year)
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Mailing Address (Number, Street, City, State, ZIP)

CURRENT/FORMER EMPLOYEE INFORMATION:

Name of Employee	Social Security Number of Employee	Relationship to Applicant
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ELIGIBLE FAMILY MEMBERS (List dependents to be enrolled. Attach separate listing if more dependents exist.):

Name (Last, First, Middle Initial):	Social Security Number:	Birth Date (Month/Day/Year):	Relationship to Employee:

MONTHLY CONTRIBUTION AMOUNT:

I elect to continue vision coverage at a rate of \$ __. __ per month. Rates and benefits are subject to change based upon the group's contract.

PAYMENT REQUIREMENTS:

All payments must be made directly to VSP. You will receive a coupon booklet for payments, which confirms your continued participation. The first payment submitted to VSP must be sufficient to bring payments current. Payments are due to VSP by the 1st of the month. There is a 30-day grace period. If VSP does not receive payment by the 30th of each month, your participation will end on the last day of the preceding month.

NOTIFICATION AGREEMENT and SIGNATURES (Parent or Legal Guardian must sign if dependents are minor children):

By signing below, I understand that should I become eligible under another group plan or Medicare, after electing COBRA continuation coverage, I will notify VSP in writing to terminate my vision care coverage.

Signature of COBRA Applicant:	Daytime Telephone Number ()	Date:
	Campus:	Date:
Signature of Benefits Representative:		

**RETURN COMPLETED FORM TO:
VSP/COBRA ADMINISTRATOR
PO BOX 997100
SACRAMENTO, CA 95899-7100**

