# DIRECT PAYMENT AUTHORIZATION REQUEST FOR CONTINUED BASIC VISION PLAN COVERAGE

Group Name: CALIFORNIA STATE UNIVERSITY 30059426 Questions? Call 800.400.4569

## PART A ±EMPLOYEE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of %irth _____ Phone # _____

Street Address _____ City _____ ST _____ Z , 3 _____

## PART B ± ( / , * , % / ( FAMILY MEMBERS (List dependents to be enrolled. Attach separate listing if more dependents exist.)

| Name (Last, First, Middle Initial) | Birth Date (MM/DD/YY) | Dependent SSN | Relationship to Employee |
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## PART C ±EMPLOYEE TO SIGN IF HE/SHE DOES NOT CHOOSE TO CONTINUE COVERAGE

I choose to discontinue my vision coverage while off pay status. I understand that my vision insurance coverage will lapse while I am off pay status effective on the first day of the second month following the pay period that the last vision deduction was taken, unless I am on a pay warrant. For example, if the last deduction was taken in the May pay period, vision coverage will lapse as of July 1.

( 0 3 / 2 < ( ( SIGNATURE _____ DATE _____

## PART D ±EMPLOYEE TO SIGN IF HE/SHE CHOOSES TO CONTINUE COVERAGE

I choose to continue my vision plan coverage during the time I will be temporarily off pay status. I agree to make direct payments of t total premium to my vision plan carrier. I understand that failure to make timely premium payments and/or failure to notify the carrier of loss H O L J L E L O L W \ G X U L Q J P \ W H P S R U D U L O \ R I I S D \ V W D W X V L I I D L O X U H W R P D N H W L P H O \ S U H P L X P S D \ P H Q W V D Q G R U I D L O X U H W R Q R W L I \ W K H F D U U L H U R U L will not bill me, and I must pay the premium for the month in which I return to pay status.

I agree to pay a monthly rate of $7.10.

Return form to:
VSP - PO BOX 997100
Sacramento, CA 95899-7100
OR Fax to: 916 463 9031 RO
Email to: CSUniv@vsp.com

% H J L Q Q L Q J Z L W K W K H I R O O R Z L Q J P R Q W K D \ P H Q W V D U H G X H W R 9 6 3 E \ W K H V W R I W S H U L R G , I 9 6 3 G R H V Q R W U H F H L Y H S D \ P H Q W L E \ W K H R O O H F W G R Q W K H O D V W G W K D W L I , U H W X U Q W R D F W L Y H V H U Y L F H E H I R U H F R P S O H W L R Q R I D S D L G T X D U W H F D Q Q R W E H U H I X Q G H G

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## PART E ±REASON FOR DIRECT PAY ±