

Enrollment Made Easy.



Ready to enroll in VSP® or update your VSP coverage? We're here to help! Follow the steps below to process your enrollment or changes online during your open enrollment period. Already enrolled? Great news! You don't have to lift a finger to keep the same great coverage you have today.



1. Gather your information. You'll need:

- Your date of birth
- The last four digits of your SSN

2. Visit **csuretirees.vspforme.com**.

3. Click 'Enroll Now/Make Changes.' You'll then be taken to the enrollment website.

Your well-being
is at the heart of
everything we do.

Create an account, find your local VSP network doctor, and view your benefit information at **csuretirees.vspforme.com**.



OPEN ENROLLMENT DATES
September 15 - October 10, 2025

Prioritize Your Eyes with VSP

California State University benefit-eligible retirees have two great vision plans to choose from: Cover the essentials with the Basic Plan or upgrade to the Premier Plan to save more on frames or contact lenses. Happy with your vision coverage? You don't need to lift a finger to stay enrolled for 2026. But, if you'd like to make changes or upgrade your vision coverage, now's the time!

Ready to get started? Click 'View Your 2026 Plan' and 'How to Enroll User Guide' to learn more about the vision plans available to you and how to enroll or upgrade your coverage. Click 'Enroll Now/Make Changes' to get started. Not sure which plan is right for you? Click 'Which Plan Is Right for Me?'

Enrollment Quick Links

How to Enroll User Guide	Enroll Now/Make Changes	View Your 2026 Plan	Which Plan Is Right for Me?
Basic Plan Evidence of Coverage*	Premier Plan Evidence of Coverage*	New Retiree/Qualifying Event Enrollment Form	
View Your 2025 Plan	Visit the CSU Retiree Website		

4. Enter your information, then click 'Search.'



Let's Get Started – Enter Your Personal Information

Enrolling in VSP is quick and easy. And when it comes to your personal health information, you can trust VSP will maintain the privacy and security of your personal and protected health information. Enjoy your vision coverage with peace of mind.

Your Personal Details

All fields are required unless noted.

First Name

Last Name

Date of Birth

JAN ▼	01 ▼	
-------	------	----------------------

Search Tips

- You can find your enrollment code on the open enrollment mailing you received.
- If you don't have an enrollment code, please enter the last four digits of the number requested instead. These digits are needed to help identify you for enrollment and are only needed if you don't have an enrollment code.
- It's helpful to search your full name first, and then try any nicknames. For example, Robert vs. Bob.

And ONE of the Following:

Last 4 Digits of Your SSN

OR

Enrollment Code

Search

5. On the next screen, you'll enter your personal details, such as your name, date of birth, gender, address, and email, and which vision plan you'd like to enroll in.

Your personal information will automatically populate if you're already enrolled. To edit or cancel your vision coverage, click 'Edit' or 'Cancel' at the bottom of the page to complete your changes.

1

2

3

ENROLLMENTREVIEWCONFIRMATION

Enter Your Personal Details (Cont.)

All fields are required unless noted

First Name:

FIRST

Last Name:

LAST

Last Four of SSN:

Date of Birth:

MonthDayYEAR

Gender:

Select One

Choose Product:

Basic Plan View Details

Premier Plan View Details

Address:

1234 STREET

Address 2: (Optional)

City:

CITY

State:

Select State

Zip Code:

Email:

6. Once you've entered your information, you can add or remove any dependents you'd like to include on your VSP plan. To remove a dependent, click 'Remove' next to their name. To add a dependent, click 'Add Dependent' and enter their information.

Please note: Dependents must be enrolled in the same plan as the enrollee.

Dependents

Number of dependents (Max Age Limits: Student-26 Child-26):

Have 11 or more dependents? Before scheduling your appointment, please call 800.400.4569 to have your list of dependents updated.

- ☐ No dependents
- ☒ 1 or more dependents

	RELATIONSHIP	FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
1.	Relationship			Month Day YEAR	Select One	Remove
						Add Dependent

7. Once you've updated the dependent section, please read and accept the Enrollment Terms, then click 'Continue Enrollment.'

Enrollment Terms

By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period, unless there is an approved qualifying event. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I authorize my VSP premiums to be deducted directly from my payroll/pension check, and uncollected premiums for two consecutive months will result in the termination of my plan and could result in collection action for any unpaid premiums, unless other payment arrangements are made.

- ☒ I accept the Enrollment Terms
- ☒ I'd like to receive essential information about my vision benefits, exclusive savings, eyewear trends, and tips to keep my eyes healthy. (Optional)

Exit

Continue Enrollment

8. Review your information, elections, and dependent information. If everything looks good, select 'Confirm Enrollment.'

First Name

FIRST

Last Name

LAST

Address

1234 STREET

Address 2

Last Four of SSN:

Date of Birth

City

CITY

State

CA

Zip Code

12345

Gender

FEMALE

Email

EMAIL@EMAIL.COM

Phone Number

Billing Frequency

MONTHLY

Rate

Plan/Product

Premier Plan [View Details](#)

Edit Enrollment

Enrollment Terms

By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period, unless there is an approved qualifying event. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I authorize my VSP premiums to be deducted directly from my payroll/pension check, and uncollected premiums for two consecutive months will result in the termination of my plan and could result in collection action for any unpaid premiums, unless other payment arrangements are made.

Exit

CONFIRM ENROLLMENT

9. You'll receive a confirmation number. You can print this page for your records, but you'll also receive a confirmation email.

Open Enrollment Progress



Enrollment Confirmed: Welcome to the VSP Family!

You have successfully completed the enrollment process. Your enrollment will be effective as of 01/01/2026.

Please [print this page](#) for your records.

A confirmation email will also be sent to your email address (if you provided one).

Your enrollment confirmation number is E432270695

Enrollment Details

Enrollment Confirmation Number:

XXXXXXXXXX

Enrollment Level:

Member Only

Benefit Effective Date:

01/01/2027

You can also enroll or make changes over the phone by contacting VSP Member Services at **800.400.4569**.

Benefits at Your Fingertips.

You'll get the most out of your vision benefits when you log in—view your personalized benefits, review your claim history, print your Member ID Card, and more. Here's how to get started with your VSP benefits:

- Log in to your VSP member account (or create one if you don't have one already) by visiting **csuretirees.vspforme.com** and clicking 'Log In/Create My Account.'
- Once logged in, find a VSP network doctor near you! You can also view your benefits information and more.
- At your appointment, just tell your VSP network doctor you have VSP—we'll take care of the rest! No ID card is needed.

Questions? Contact us at **800.400.4569**.

Fictitious test accounts were used to generate screenshots for this document. Any information shown does not reflect actual member information. Your effective date and plan options may be different and your confirmation number will be different from what is depicted in this document. Any similarity to actual persons, living or dead, or actual events, is purely coincidental.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](#).

©2026 Vision Service Plan. All rights reserved.
VSP is a registered trademark of Vision Service Plan. All other brands or marks are the property of their respective owners. 137410 VCCM

Classification: Confidential