VSP online enrollment job aid

1.) Go to www.vsp.com

2.) Click on CREATE AN ACCOUNT at the top of the page

https://www.vsp.com/			D-≞¢	🥝 Oracle Ap 🕻	遵 Oracle Ap 🤹 e-H	ealth 🌏 Worldat	[Catalytic 🍗 VSP Pr
View Favorites Tools Help							
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vsp						TE AN ACCOUNT	ESPAÑOL
MEMBERS	EMPLOYERS	BROKERS					
BENEFITS & CLAIMS	FIND A DOCTOR	GLASSES, CONTA	ACTS & LASIK	SPECIAL OFFE	RS EYE HEALTH	BECOME A MEM	BER
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3.) Then put in your SS#, First/Last Name, and Date of birth...then click Continue:

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	MEMBER REGISTRATION
	To create a vsp.com account, you must be a VSP member that is eligible for benefits. If you are in open enrollment, recently changed employers, or signed up for a VSP Individual Plan, your account may not be accessible until you are eligible for benefits. Please select one of the following options for the primary member/subscriber. Your employer or health plan may use either your full Social Security Number or an ID assigned to you.
	Step 1: Please enter the primary member's full Social Security Number OR full Member ID: O Social Security Number* OR O Member ID:
	Step 2: Please enter the primary member's first and last name:
	Member Last Name *

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MEMBERS	ESPAÑOL
BENEFITS & CLAIMS FIND A DOCTOR GLASSES, CO	ONTACTS & LASIK SPECIAL OFFERS EYE HEALTH BECOME A MEMBER
COMPL	PLETE THE MEMBER REGISTRATION FORM
To register for vsp.com, please complete the fol	ollowing for Katy McCallon:
REQUIRED INFORMATION-	
Email Address * Required field	Confirm Email Address *
ex: xxxxxxx@xxxxxxxxx	
Create User Name * Required field	
Password * Required field	Confirm Password *
POPTIONAL FIELDS-	
Preferred Contact Information	
How do you prefer to receive vision information	Email Phone Text
Email Address	
Phone Number	Cell Phone Number
	Text and data charges may apply. Please check with your carrier.
Mailing Address	
City	State ZIP Code
	Select State
Please check one	

4.) Fill out the required fields and the others are optional. Then click CREATE MY ACCOUNT

Please check of	check one
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O Female

O Male

n compliance with California regulations, we enable our enrollees to indicate their language preferences.

□ Are you a California resident?

Spoken Language Preference		Written Language Preference:	
Select Spoken Language	~	Select Written Language	~
Ethnicity		Race:	
Select Ethnicity	~	Select Race	~
O glasses	r prescription eyewe	ar?	
⊖ Glasses			
Contact lenses			

O Neither

 \blacksquare I'd like to receive exclusive savings and access the latest in eye health, wellness and eyewear trends.

5.) You now can login to print your ID card, view benefits, and other tools such as find an eye doctor etc.

CREATE MY ACCOUNT