

VSP Change Form for Ivy Tech Community College

Complete this form for all updates

1. Complete, sign and date this form.
2. Give to your regional Human Resource Department.

Effective Date of Change _____

- New Address
- Termination
- Other _____

Coverage cannot be changed prior to next years open enrollment period without an IRS Section 125 qualifying event.

Employee Information

First Name _____ Middle Initial _____ Last Name _____

Banner ID (C#) _____

Home Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____

Coverage

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family



Dependent Name	Date of Birth	Relationship to Subscriber

Please read before signing. By signing below, I agree that all information is true. I understand that Ivy Tech Community College will make my premium payments via payroll deduction, and that coverage cannot be changed prior to next years open enrollment period without an IRS Section 125 qualifying event.

Subscriber Signature _____ Date _____