Vision Service Plan (VSP)

Employer Application

Request Effective Date:		
Company Name:		
Address:		
City:	State:	Zip Code:
Federal ID#:		
Phone Number:	Fax Number:	
Contact Name:	E-mail Address of Contact:	

EMPLOYER INFORMATION

The undersigned applicant requests the **VSP Choice Plan** shown herein and provided by Vision Service Plan (VSP).

Employer Paid ____ Employee Paid (Voluntary) ____

Total number of eligible persons: _____ Total number of covered persons: _____

Enrolled Census:	Employee	
	Employee + One	
	Family	

Service Frequency

Exam	12 Months
Lenses	12 Months
Frames	24 Months

Co-pays	$10 Exam
	$20 Eyewear

Benefits

	Network	Out-of-Network
Eye Examination	Covered in full	Up to $45
Spectacle Lenses		
Single Vision	Covered in full	Up to $30
Lined Bifocal	Covered in full	Up to $50
Lined Tri-focal	Covered in full	Up to $65
Frames	$150 Allowance	Up to $70
Elective Contact Lenses	$150 allowance toward contact lens exam (fitting and evaluation) contacts	Up to $105

Rates

24 Month Rate Guarantee	Monthly Premium
Employee	**$**
Employee + 1	**$**
Family	**$**

Vision Benefits Cards - Important

There is no policy or certificate issued for this program. Each person enrolling should be given a generic Vision Benefits Card that describes how to receive benefits and file claims.

Please indicate where Morgan White Administrators should send the Vision benefits Card (we will include additional cards for new hires).

___ Send Benefits Cards to the employer for distribution
___ Send Benefits Cards to the agent for distribution
___ Do not send Benefits Cards, the agent distributed them during the enrollment

The undersigned group hereby agrees to vision care coverage through Vision Service Plan (VSP).
It is understood that:

A. The group will make this plan available to all eligible employees and their dependents.
B. All future employees will have this plan available to them when they become eligible.
C. Coverage will terminate for an employee on the last day of the month of employee's termination.

Signature _____

Print Name _____

Title _____ Date_____

Signature of Agent or Broker _____

Print Name _____