

Enrollment Transmittal Check List

To be completed by selling agent and submitted with employer application.

Date: _____

Group Name _____

Check one: New company or client Renewal company or client

Effective Date? _____ Is the Renewal Date to be the same as Effective Date? _____

➔ **Will this group initially be enrolled via our on-line enrollment system?** _____

For on-line enrollment groups:

Please fax the following to (801) 466-4113 or e-mail to admin@VisionCareDirect.com:

- Transmittal form – page 1 only
- Employer Application Form
- Copy of VCD rate quote

For paper submissions – *submit the above items* along with the following:

- Member enrollment forms; **please have member DOB and address**
- Check for first month's contribution (page 2 provided as courtesy to help calculate this amount)

Mail entire packet along with this submission form to: Vision Care Direct
2178 S. 900 E., Ste. 7
Salt Lake City, UT 84106

For internal use only:

	Name	%	Agent #
Agent of Record <input type="checkbox"/> Email confirmation	Name: _____ E-mail: _____		
General Agent <input type="checkbox"/> Email confirmation	Name: _____ E-mail: _____		
IPA Sales Rep			
Referring Provider if applicable			

THIS IS A COURTESY PAGE – YOU CAN USE IT TO HELP CALCULATE FIRST MONTH DUE

Like medical insurance, **we bill in advance** and the first month contribution for your company is due prior to the effective date of the plan.

For paper submissions: List enrolling employees and monthly contribution below. Total and submit check with paperwork. (Copy page as necessary)

For on-line enrollments: Once enrollment is complete, we will invoice you for the first month contribution.

Last Name, First initial	Frame Allowance Selected	Plan Name	Type of Coverage	Rate
		P = Platinum G = Gold S = Silver B = Bronze Rx = Rx Sunwear EO = Exam Only PMO = Platinum Materials Only GMO = Gold Materials Only CW = VCD ComputerWear G = VCD GUNNAR	EE = Employee E+1 = Employee +1 ES = Employee + Spouse EC = Employee + Child(ren) FAM = Employee + Family	
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Total monthly contribution for Group:				

Make your check payable to “Vision Care Direct” and submit to address on page 1.

National Sales & Administration Office • 2178 South 900 East #7, Salt Lake City, UT 84106 • Toll Free: (877) 488-8900 Fax: (801) 466-4113