



The vision plan your eye doctor recommends™

By: Summit EyeCare Alliance Management Company, Inc.

# Member Application Form

- **To Enroll:** Simply complete the form below and return to Vision Care Direct.
- This is a membership plan, not vision insurance

**CHANGES TO EXISTING PLAN**

GROUP/ ORGANIZATION		GROUP/ORGANIZATION LOCATION	REQUESTED EFFECTIVE DATE	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
LAST NAME		FIRST NAME	MIDDLE	
ADDRESS				
CITY		STATE	ZIP	
BIRTHDATE (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE		WORK PHONE
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED				

**I am declining coverage at this time.**      Signature: \_\_\_\_\_

**You must check the plan in which you are enrolling – you may enroll in more than one plan**

1. Select number of plan/s you are enrolling in:     I am enrolling in ONE plan     I am enrolling in MULTIPLE plans

2. Select your Plan/s (you may select one or more):

**Complete plans: Plan name(s):** \_\_\_\_\_  \$100 frame allowance     \$130 frame allowance     \$160 frame allowance     \$200 frame allowance

**A la carte options:**

**Exam Only Plan:**             Healthy Eye Exam Benefit

**Platinum Materials Only:**     \$100 frame allowance     \$130 frame allowance     \$160 frame allowance     \$200 frame allowance

**Gold Materials Only:**         \$100 frame allowance     \$130 frame allowance     \$160 frame allowance     \$200 frame allowance

**Rx Sunwear:**                 \$100 frame allowance     \$130 frame allowance     \$160 frame allowance     \$200 frame allowance

**Other Plan (i.e. ComputerWear, VCD Gunnar):** \_\_\_\_\_

**DEPENDENTS TO ENROLL:**

SPOUSE - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CHILD - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE    FT STUDENT? <input type="checkbox"/> FEMALE <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE    FT STUDENT? <input type="checkbox"/> FEMALE <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE    FT STUDENT? <input type="checkbox"/> FEMALE <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE    FT STUDENT? <input type="checkbox"/> FEMALE <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD - LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE (MM/DD/YY)	<input type="checkbox"/> MALE    FT STUDENT? <input type="checkbox"/> FEMALE <input type="checkbox"/> YES <input type="checkbox"/> NO

*Note: Eligibility, claims processing set up and membership card generation happen simultaneously. Please wait until you receive your membership card to seek care. If you require care before your card arrives, please have your VCD doctor log-on to [www.VisionCareDirect.Com](http://www.VisionCareDirect.Com) to verify eligibility.*

I understand that Vision Care Direct is a membership plan and not vision insurance.

I understand I may make changes for a Qualifying Event (see company policy).

I authorize my group to make payroll deductions of monthly contributions from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this program over the period of the contract which is twelve (12) months for all Platinum, Gold, Rx Sunwear, Exam Only, and VCD ComputerWear Complete & Materials Only Plans and twenty-four (24) months for all Silver and Bronze Plans. Should I leave the group under which I enrolled in the program, I have the opportunity to convert to a VCD Individual Plan. Should I agree to have my plan converted to an individual plan, I will be subject to the terms and conditions under that plan.

Enrollee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All VCD contracts in Pennsylvania are owned and governed by Summit EyeCare Alliance Management Company, Inc., an Independent Physician Association, in affiliation with Vision Care Direct.

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