

SUPERIOR VISION SERVICES, INC.
GROUP VISION SOLD FORM
ADMINISTERED BY: SOUTHLAND BENEFIT SOLUTIONS

Legal Group Name			
Effective Date	Tax ID Number	ERISA Number	
Physical Address			
City \ State \ Zip			
Billing Address			
City \ State \ Zip			
# of Eligible Employees		Previous Vision Plan	
Group Contact		Contact Phone	
Contact Email		Contact Fax	

ELIGIBILITY

Initial Enrollment Date(s): _____

Waiting Period 1st of the month following _____ days Other _____

Plan Year: _____

Working: _____ hours per week Retirees: Yes No Other: _____

Children to Age: _____ Full time students to age: _____ Other Elig. Info: _____

COBRA Administrator: _____ SVS COBRA Admin: Yes No

SOLD PLAN INFORMATION

COPAYS	Exam:	Materials:	CL Fit:
Allowances	Frames:	Contacts:	
Frequencies	Exam:	CL Fit:	Lenses: Frames: Contacts:
Rates with ACA Tax	2 Tier EE:	EF:	Composite:
	3 Tier EE:	EE +1:	EF:
	4 Tier EE:	ES:	EC: EF:

Open Enrollment Period: _____

AGENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Are you licensed with National Guardian Life Insurance Company? Yes No

ENROLLMENT MATERIALS

Benefit Summaries: Yes No

Send to: _____

ADDITIONAL INFORMATION

PLEASE INITIAL AND ATTACH THE CHOSEN VISION PLAN DESIGN TO THIS FORM