

**NATIONAL GUARDIAN LIFE INSURANCE COMPANY**  
**GROUP VISION APPLICATION**  
 ExcelVision, 520 Eighth Avenue, Suite 900, New York, NY 10018

Group No. \_\_\_\_\_ SIC No. \_\_\_\_\_

**Legal Name of Group** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physical Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

City\State\Zip \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**Billing Address (If different)** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City\State\Zip \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**Contact for Administration & Eligibility** \_\_\_\_\_ **Contact for Billing** \_\_\_\_\_

# Employees: \_\_\_\_\_ # Eligible \_\_\_\_\_ # of Employees with Dependents \_\_\_\_\_ Group Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Policyholder Contribution:** (for voluntary coverage please enter \$0)

**Vision:** \$\_\_\_\_\_ per month \_\_\_\_\_ % of premium, employee, \$\_\_\_\_\_ per month, dependent(s) \_\_\_\_\_ % of premium, dependent(s)

A check for the first month's premium and other applicable fees must be attached to begin processing. Eligibility data will be submitted using:  
 National Guardian enrollment forms  
 Email or electronic media (Employer must keep signed enrollment forms on file for future reference.)

**Plan Selection:** We elect to offer the following **checked** coverage to our Employees:

<b>100% Employer Paid:</b>	<input type="checkbox"/> <b>Plan A, Employer Paid</b>	<input type="checkbox"/> <b>Plan B, Employer Paid</b>	<input type="checkbox"/> <b>Plan C, Employer Paid</b>
Exam/Lenses/Frames	12/12/12	12/12/24	12/12/24
Copay Exam/Materials	\$10/\$10	\$10/\$25	\$15/\$30
Employee	\$7.74	\$6.00	\$5.18
Employee + Spouse	\$13.16	\$9.97	\$8.82
Employee + Child(ren)	\$13.55	\$10.27	\$9.08
Employee + Family	\$19.35	\$14.67	\$12.97
<b>Voluntary: Min 2 Enrolled:</b>	<input type="checkbox"/> <b>Plan A, Voluntary</b>	<input type="checkbox"/> <b>Plan B, Voluntary</b>	<input type="checkbox"/> <b>Plan C, Voluntary</b>
Exam/Lenses/Frames	12/12/12	12/12/24	12/12/24
Copay Exam/Materials	\$10/\$10	\$10/\$25	\$15/\$30
Employee	\$10.13	\$6.69	\$6.06
Employee + Spouse	\$19.74	\$12.98	\$11.81
Employee + Child(ren)	\$20.75	\$13.71	\$12.42
Employee + Family	\$28.85	\$19.06	\$17.26

**Minimum Participation Requirement:**

**Employer Paid:** 75 - 100% employer contribution for both employees & dependents. At least 75% participation of eligible employee

**Voluntary:** 0 - 49% employer contribution for employees. No employer contribution requirements for dependents. Two eligible, only one to enroll.

**Eligibility:**

Permanent, full-time employees working \_\_\_\_\_ hours per week are eligible for coverage (Standard: 30 hours).

An eligible employee must have been actively at work on a full-time basis for \_\_\_\_\_ months in order to be eligible for coverage.

An eligible dependent must be less than \_\_\_\_\_ yrs. Old or less than \_\_\_\_\_ yrs. Old if a full-time student.

(same as employer health plan)

**Participation:** Depending on group size and coverage elected, specific participation requirements may apply. Participation must be met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage.

I understand and agree that audits will be made by National Guardian Life Insurance Company now and in the future to verify the number and names of employees of this group. I will furnish with application, and upon any future request, any other information requested.

Monthly Administration Fee: I understand there is a **\$10.00** monthly administrative billing charge.

Please send Membership Materials and Enrollment Materials to (CHECK ONE):

Group Attn: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Broker or Agent

I hereby certify that the information provided herein is true and complete to the best of my knowledge and that I have read and understand this form.

The information contained herein describes the essential provisions of the elected coverage(s) discussed between the above client and an authorized National Guardian Life Insurance Co. representative. By signing this form, both parties agree that these are the essential provisions the client is purchasing. The details of this form may be changed by either party with mutual agreement.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signed: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name Title Date

National Guardian Representative \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
NVI/NDN GRP APP 04/06 Date