



**AFSCME Council 61, VSP, EBS and Two Rivers Insurance Services are pleased to offer a comprehensive vision program.**



Check the line for the plan that fits your family. The monthly cost to enroll in VSP is as low as:

- \$15.13.....Employee Only
- \$23.61.....Employee + Spouse
- \$24.09.....Employee+Child(ren)
- \$38.22.....Employee + Family

**VISION SERVICE PLAN  
MEMBERSHIP ENROLLMENT FORM**

*(Please Print or Type)*

AFSCME Council 61 Local #:

Effective Date of Plan 4/01/2009

SOCIAL SECURITY NO.		MEMBER LAST NAME	MEMBER FIRST NAME	M.I.	DATE OF BIRTH MO. DAY YEAR
<b>2</b>	Do you have dependent children?			[ ] Yes [ ] No	<b>3</b> Address:
	Do your dependent children, if over age 18, attend school fulltime?			[ ] Yes [ ] No	
	Are you enrolling your dependents in the VSP plan?			[ ] Yes [ ] No	

Telephone# \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE LIST ALL OF YOUR DEPENDENTS (IF FAMILY COVERAGE IS AVAILABLE AND SELECTED BY YOU)**

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	DATE OF BIRTH
SPOUSE				
CHILDREN (INCLUDE SURNAME IF DIFFERENT)				

Please complete the attached enrollment and ACH authorization form and return them to **Employee Benefit Systems, 214 N. Main Street, PO Box 1053, Burlington, IA 52601**  
For questions on enrollment call 1-800-728-9620 ext. 8422 – Fax # 319-758-8569

Online benefit, network and the plan enrollment information is available through [www.afscmeiowa.org](http://www.afscmeiowa.org) or [www.benefitiowa.com/afscme](http://www.benefitiowa.com/afscme)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Your vision. Our passion.



## Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you'll get the personalized eyecare you deserve with VSP. We help millions of people see well, stay healthy and fulfill their potential.

## Value, choice, doctors.

Enrolling in VSP is an easy way to make your life a little better. Here's a snapshot of what you'll enjoy:

- affordable benefits with great savings
- a WellVision Exam<sup>SM</sup> focused on your health
- plenty of eyewear choices you'll love
- VSP doctors nearby with flexible schedules that work for you

Satisfaction?  
You bet. You'll be 100% happy or we'll make it right.

## Still not decided?

Find doctors in your neighborhood at [vsp.com](http://vsp.com) or call us at 800-877-7195. We'd love to talk with you. Once you're signed up, your great benefits are a snap to use.

Enroll today. You'll be glad you did.



AFSCME Council 61 and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

### Your Coverage from a VSP Doctor

\$20.00 copay **every 12 months**

**WellVision Exam<sup>®</sup>** focuses on your eye health and overall wellness..... **every 12 months**

#### Prescription Glasses

Lenses..... **every 12 months**

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame..... **every 24 months**

- \$150.00 allowance for frame of your choice
- 20% off the amount over your allowance.

~OR~

**Contact Lens Care** ..... **every 12 months**

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts.

Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 30% savings on lens options like progressives and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses, including lens options\*

#### Contacts\*

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

\* Available from any VSP doctor within 12 months of your last eye exam

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.

#### Out-of-Network Reimbursement Amounts:

Exam .....	Up to \$45.00
Single vision lenses .....	Up to \$45.00
Lined bifocal lenses .....	Up to \$65.00
Lined trifocal lenses .....	Up to \$85.00
Frame.....	Up to \$47.00
Contacts.....	Up to \$105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.



**DEBIT AUTHORIZATION**

I (we) hereby authorize on the 5<sup>th</sup> day of the month, or the following business day, AFSCME Council 61, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Vision Service Plan (VSP) coverage. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Name of Financial Institution) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_ Type of Account: \_\_\_ Checking \_\_\_ Savings  
(Routing No.) (Account No.)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Print Individual ID Number) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

**Notes:**

- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- Single-entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.
- The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.