Enrollment Application — Please print or type — press firmly

VISION SERVICE PLA

A ENROLLEE

Name First Middle initial Last — — Social security number

Employee status

- ☐ Certificated
- ☐ Classified
- ☐ Hourly/Union
- ☐ Salaried/Non-union
- ☐ Full-time
- ☐ Retired
- ☐ Part-time

Hire Date

Month / Day / Year

Group name Manhattan Beach Unified School District

Group number 00827201-0023 0037

Birth Date

Month / Day / Year

Sex

- ☐ Male
- ☐ Female

Marital status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated

Mailing address _____ Telephone ( )

City _____ State & Zip _____

B ACTION REQUESTED

- ☐ New enrollment
- ☐ Change to existing Enrollment
  - ☐ Add New Dependent
  - ☐ Delete Dependent

Effective date of change ___/___/___

Reason for change

I understand that I may be required by the employer to pay for these benefits.

☐ COBRA ENROLLMENT

Note: If Dependent is enrolling under own social security, the original Enrollee's social security number must be supplied.

— —

Qualifying COBRA Event:

- ☐ Termination
- ☐ Retirement
- ☐ Reduction in hrs.
- ☐ Divorced
- ☐ Widowed
- ☐ Surviving dependent
- ☐ Medicare
- ☐ Overage dependent
- ☐ Legal separation
- ☐ Other _____

Qualifying date

Month / Day / Year

C DEPENDENTS

Spouse name — First	Middle initial	Last (if different)	Add/ Delete	Sex M F	Birthdate Month Day Year	Marriage/Divorce Month Day Year
					/ /	/ /

Child name — First	Middle initial	Last (if different)	Add/ Delete	Sex M F	Birthdate Month Day Year	If child is 19 or over (check one): Full-time Student	Disabled
1.					/ /		
2.					/ /		
3.					/ /		
4.					/ /		

D SIGNATURE

Enrollees Signature _____ Date _____

number _____

Effective date _____

Eligibility code _____

VISION SERVICE PLAN

Out-Of-Network Reimbursement Form

VSP

Submit this form along with your **itemized receipt to:
VSP P.O. Box 997105, Sacramento, CA 95899-7105

IMPORTANT NOTE:
Your itemized receipt must include the information shown below with an **. If your receipt does not contain this information your claim cannot be processed and you will need to contact your non-VSP provider for a new receipt which includes the required information.

Member Information:

Member's ID or Last four digits of Social Security Number:_____

Member's Name:_____ Date of birth:_____

Address:_____

City:_____ State:_____ ZIP Code:_____ Phone Number:_____

Patient Information:

**Patient's Name:_____ Date of Birth:_____

Relationship to Member:_____

If the patient is a child (and over the age of 18):

Is the child a full time student? Y/N Name of School:_____

Is the child physically impaired? Y/N

Reimbursement Request Information:

**Date Services were received:_____

**Services received (please circle any that apply and provide the amount paid for each)

Exam	$_____
Lenses: Single Vision Bifocal Trifocal Progressive Lenticular	$_____
Lens Options:	
Tint	$_____
Other (Includes Scratch Coatings, Anti-Reflective coatings, etc.)	$_____
Frame	$_____
Contact Lenses	$_____
Contact fitting &/or Evaluation	$_____

**Provider/Optical Shop Name:_____ Phone Number:_____

Address:_____

City:_____ State:_____ ZIP Code:_____

For additional information on your eyecare benefits, please contact Customer Service at (800) 877-7195.

An Eyecare Plan With You in Mind

VSP

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer. Sharper. Brighter.

85% of all you experience is through your eyes.

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts and diabetes. Even cancer. Plus, eye exams for kids can spot problems that can impact learning and development.

New patients always welcome.

Eyecare is important.

VSP network doctors are located right where you need them — close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames and contact lenses to choose from — all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

No ID cards. No claim forms. Easy as 1, 2, 3.

1. Find a VSP network doctor at **vsp.com** or call 800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

Visit vsp.com today.

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit **vsp.com**. You'll like what you see.

"Highest in Overall Member Satisfaction Among National Vision Plans."

2004 National Vision Plan Member Satisfaction Study. Study based on 766 respondents who are members of large national vision care plans. Study conducted for VSP by J.D. Power and Associates.

Your eyecare benefit is brought to you by Manhattan Beach Unified School District and VSP.

Your Coverage from a VSP Doctor

Exam covered in full ..... ***every 12 months***

Prescription Glasses

Lenses covered in full ..... ***every 12 months***

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

Frame ..... ***every 12 months***

- *Frame of your choice covered up to $105*
- *Plus, 20% off any out-of-pocket costs*

~OR~

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

When you choose contacts instead of glasses, your $105 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- *Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives*
- *20% off additional prescription glasses and sunglasses**

Contacts*

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

** Available from the same VSP doctor who provided your eye exam within the last 12 months*

Your Copays

Exam & Prescription Glasses **$10**

Contacts ..... **No copay applies**

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

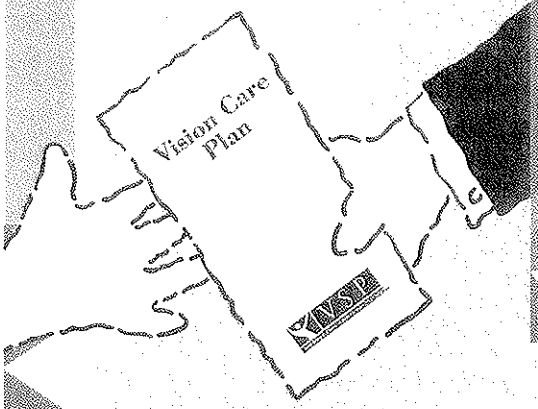
Exam	*Up to $40*
Lenses:	
Single Vision	*Up to $40*
Lined Bifocal	*Up to $60*
Lined Trifocal	*Up to $80*
Tints	*Up to $5*
Frame	*Up to $45*
Contacts	*Up to $105*

VSP guarantees service from VSP network doctors only.

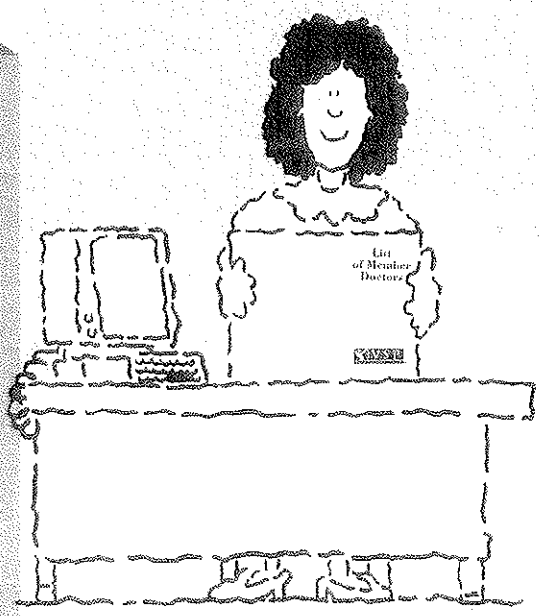
In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

How Vision Service Plan Works

1. When you want to use Vision Service Plan (VSP), obtain member information from your benefits representative. Your VSP information explains your benefits and how to obtain vision care services. If you need to locate a VSP participating doctor, call VSP at 1-800-877-7195 or visit our Web site at www.vsp.com.

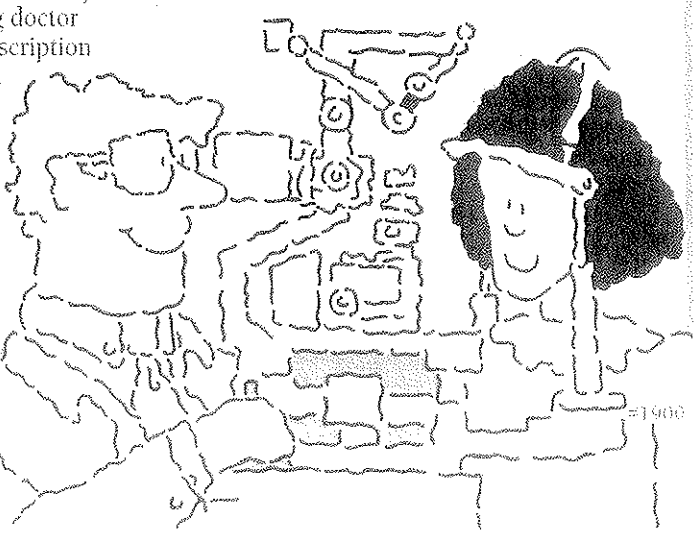


2. After you read your member information, call a VSP participating doctor to make an appointment. Make sure you identify yourself as a VSP member.

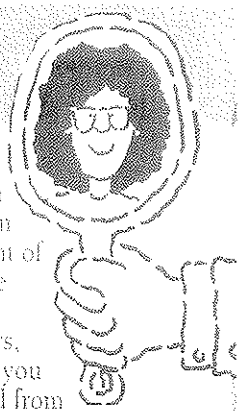


3. The VSP participating doctor will contact Vision Service Plan to verify your eligibility and plan coverage. The VSP participating doctor will also obtain authorization so you can receive an eye examination and corrective eyewear, if necessary. If you are not currently eligible for services, the VSP participating doctor will notify you of this.

4. During your eye examination, the VSP participating doctor will determine if eyewear is necessary. If so, the VSP participating doctor will coordinate your prescription with one of our contract wholesale laboratories and dispense your eyewear.



5. Although more than 90 percent of VSP patients receive services from participating doctors, VSP will reimburse you for services received from any licensed optometrist, ophthalmologist, or optician. If you receive services from a non-participating provider, you are responsible for paying the provider in full, and submitting itemized receipts to VSP for reimbursement. For further details about non-participating provider reimbursement, please read your benefits information. It is important to note that your reimbursement schedule does not guarantee full payment, and VSP cannot guarantee your satisfaction when services are received from a non-participating provider.



6. VSP wants to make sure you are satisfied with the services and corrective eyewear you receive. One of our methods of monitoring satisfaction is to randomly send satisfaction questionnaires to patients. If you receive a questionnaire, please help us serve you better by completing and mailing the questionnaire back to Vision Service Plan.

Thank you for making VSP America's First Choice for Eyecare®

Visit our Web site at www.vsp.com. Vision Service Plan is an Equal Opportunity and Affirmative Action employer.