



Vision Plan of America

PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- ☐ Group Application
 - ___ HMO Application (VPA group application and subscriber agreement)
Please print and include correct benefit matrix
 - or**
 - ___ PPO Group Application (3 page Avesis application)
- ☐ Member Enrollment Forms
 - ___ HMO Enrollment Forms (VPA)
 - or**
 - ___ PPO Enrollment Forms (Avesis)
- ☐ Binder Check (Including admin fee)
 - ___ PPO Check payable to Avesis
 - ___ HMO Check payable to Vision Plan of America
- ☐ Agent Service Agreement (If you are not already appointed)
- ☐ There is a \$10.00 monthly administration fee per group.

PPO Group Application Instructions:

1. PPO Group Application
2. Section I – Group Information (Please include Tax ID Number)
3. Section II – Plan Information (Avesis Advantage Vision Plus Plan)
4. Section III – Premium Information (Voluntary or Employer Sponsored)
5. Section IV – Eligibility – please select (usually type 1 – all full time employees)
6. Section V – Effective Date
7. Section VI – Employer Signature (mandatory)
8. Section VII – Broker Information
9. PPO Employee Enrollment Form

After approval, prior carrier termination letter must be submitted by the employer or broker.