



MEMBER APPLICATION FORM

To enroll, simply complete the application below and return to Vision Care Direct via email at admin@visioncaredirect.com, or send by fax to (844) 810-8643. If you have any questions, feel free to call us toll-free at (877) 488-8900.

GROUP INFORMATION

GROUP ID	GROUP NAME	GROUP RENEWAL DATE		
ADDRESS		CITY	STATE	ZIP
PHONE	FAX	PRIMARY CONTACT		

EMPLOYEE INFORMATION

FIRST NAME	M.I.	LAST NAME	REQUESTED EFFECTIVE DATE	
HOME ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
HOME PHONE	WORK PHONE	EMAIL		

DEPENDENTS TO BE ADDED Enroll only family members for whom membership is desired.

SPOUSE FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

PLAN DETAILS You may enroll in more than one plan. Please use a separate application form for each plan in which you wish to enroll.

PLAN NAME	TIER	MONTHLY RATE		
EXAM FREQUENCY	LENSES FREQUENCY	FRAME FREQUENCY	FRAME/CONTACT LENS ALLOWANCE	

I understand that Vision Care Direct is a membership plan and not vision insurance. I understand that I may make changes for a Qualifying Event (see company policy). I authorize my group to make payroll deductions of monthly contributions from my earnings. As long as I remain employed at my current group, I commit to making all financial contributions required by this program. Should I leave the group under which I enrolled in the program, I have the opportunity to convert to a VCD Individual Plan. Should I agree to have my plan converted to an individual plan, I will be subject to the terms and conditions under that plan.

Note: Membership cards are automatically generated when the Member Application Form is processed and entered into the Vision Care Direct System. You do not need to wait until you receive your membership card to seek care. If you require care before your card arrives, your VCD doctor can log-on to www.VisionCareDirect.com to verify eligibility.

Enrollee Signature: _____ Date: _____