

VSP Voluntary Vision Application

Group # _____

APPLICANT INFORMATION		
EMPLOYER NAME	EMP. DATE / /	
APPLICANT NAME	SEX	
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	DOB / /	SS NUMBER
Immediate family members you wish to cover:		
NAME	REL	DOB
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
✓ Choose one:		
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & One Dependent	<input type="checkbox"/> Employee & Family

X _____
APPLICANT SIGNATURE DATE

X _____
AGENT SIGNATURE AGENT NUMBER

For Home Office Use Only

State _____	Fr# _____	WP _____
OE _____	Eff. Date _____	

VVSP(2004)

NON-PARTICIPATING DOCTORS REIMBURSEMENT SCHEDULE

Professional Fees
Eye Examination, up to\$45.00

Materials
Single Vision Lens, up to\$45.00
Bifocal Vision Lens, up to\$65.00
Trifocal Vision Lens, up to\$85.00
Lenticular Lens, up to\$125.00
Frames, up to\$47.00

Contact Lenses
(Materials, Evaluation Fee, and Fitting Costs)
Contact Lenses, up to\$105.00
(Participating and Non-Participating Includes Disposable Contacts)

Services obtained through non-participating doctors are subject to the same co-pay and limitations as services obtained through VSP doctors.

The lens allowances are for two lenses; if only one lens is needed, the allowances will be one-half of the pair allowance.

Underwritten by
Vision Service Plan (VSP)

For more information, contact:

Brochure Code: VVB02

Products from Brokers National Life:

- Dental
- Vision
- Short Term Disability
- Term Life
- Hospital Indemnity
- Accidental Death & Dismemberment
- Cancer

Visit us on the web at www.bnac.com

This is a descriptive brochure and not a contract.

This brochure is designed to highlight features of this program. All benefits are subject to the description of benefits and exclusions that are found in the Certificate of Insurance issued by VSP.



PO Box 92529, Austin, Texas 78709-2529
 Email: BrokersChoice@bnac.com
 Phone: (800) 798-1125
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We have a PLAN for YOU...

VSP VOLUNTARY VISION

BROKERS NATIONAL
LIFE ASSURANCE COMPANY

We have a PLAN for YOU...

VSP Voluntary Vision

Sight is one of your most precious and valuable gifts. You can protect this gift through regular professional examinations and by wearing properly fitted eye wear. BNL's convenient vision plan is an affordable way to insure the health of your eyes.

Getting Coverage is EASY!

- Voluntary
- Guaranteed Issue
- Only 3 Enrollees Required
- No Waiting Periods
- Nationwide Network of 22,000 Participating Doctors

Enroll Now!

Benefits

\$15 Co-Pay on Examinations
Every 12 months

\$25 Co-Pay on Materials
Spectacle every 12 months
Frames every 24 months

**Contact Lenses
(no co-pay)**
Every 12 months

PARTICIPATING DOCTORS

VSP will pay the cost of a comprehensive eye examination and prescribed materials purchased (one set of frames, lenses, or contacts) up to the plan allowance, less any co-pay.

<i>Benefit</i>	<i>VSP Doctor</i>
Exam	Covered in full
Single Vision Lenses	Covered in full
Bifocal Lenses	Covered in full
Trifocal Lenses	Covered in full
Frames Covered	Up to \$100.00

Up to a 20% savings on lens extras such as scratch resistant and anti-reflective coatings, tints, blended and progressive lenses. A 20% discount is applied to the amount over the \$100 frame allowance. There is a 20% discount off additional pairs of prescription glasses and sunglasses.

Contact Lenses, Evaluation and Fitting
Contact Lenses (including disposables) Up to \$105.00

(No co-pay required for contact lenses.)

If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. 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.

Laser Vision Surgery

Discounts vary by location, but will average 15% off the contracted laser center's usual and customary charges. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5% off the promotional price.

NON-PARTICIPATING DOCTORS

VSP will pay the cost of an eye examination and prescribed materials purchased (one set of frames, lenses, or contacts) based upon the schedule of benefits on the other side of this brochure.

How to Access the Benefits

When you are ready to obtain vision care services, call your VSP participating doctor. If you need to locate a VSP participating doctor, call VSP at (800) 877-7195 or visit BNL's website at www.bnlac.com.

Contact the doctor nearest you for an appointment and identify yourself as a VSP member. The participating doctor will also need the covered member's ID number and the group name is Brokers National Life. The participating doctor will contact VSP to verify your eligibility and plan coverage. The participating doctor will also obtain authorization for services and materials.

How to Enroll

To enroll, complete the application on the back panel of this brochure and mail to Brokers National. A group master application is not required, therefore, please complete a New Business Transmittal to provide billing information.

MONTHLY PREMIUM

Employee Only	Employee & One Dependent	Employee & Family
\$11.90	\$17.70	\$29.90

Polycarbonate lenses are included for dependent children up to age 25.

A \$10.00 Billing Fee will be added to each Group Billing Statement.

2 year rate guarantee

