VisionChoice® Advantage

Group Information Sheet

Please Print or Type

Name of Group: _____

Billing Address:_____

City: _____ State: _____ Zip: _____

Street Address ***(if different from above)*:** _____

City: _____ State: _____ Zip: _____

Nature of Business: _____ Industry Code: _____

Telephone: ( ) _____ Fax: ( ) _____

E-Mail Address: _____ Effective Date: _____

Payroll Administrator: _____ Telephone: ( ) _____

Total Eligible Subscribers: _____ Number of Subscribers Enrolled: _____

Check: ☐ Voluntary ☐ Employer/Group Paid Employer/Group pays: _____ % of Access Fees.

Monthly access fee for single is: _____ Monthly access fee for family is: _____

Participation Billing Requirements: (The group must have 3 **or more** participants. The total fees for the first month must be sent in with the group's enrollment forms.

Eligibility: Waiting Period For New Subscribers _____
(*All eligible subscribers become effective on the first of the month following the waiting period.*)

The undersigned agrees to administer the program and to make payment as applicable.

_____ _____ _____
Authorized Signature *Title* *Date*

_____ _____
Agent's Signature *Date*

Southland National

By: _____ Date _____

VisionChoice® is a non-insurance vision program from Southland National
1812 University Blvd. * Tuscaloosa, AL 35401 * Tel: (800) 277-8762 * Fax (205) 343-1093