VISION CARE DIRECT

MEMBER APPLICATION FORM

To enroll, simply complete the enrollment form 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 / ORGANIZATION	GROUP / ORGANIZATION LOCATION	REQUESTED EFFECTIVE DATE	EMPLOYMENT STATUS ☐ FULL TIME ☐ PART TIME

LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F

ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	HOME PHONE	WORK PHONE	MARITAL STATUS ☐ SINGLE ☐ MARRIED

FAMILY MEMBERS

Enroll only family members for whom membership is desired. You need not enroll all family members.

SPOUSE LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F	
DEPENDENT LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F	FT STUDENT? ☐ YES ☐ NO
DEPENDENT LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F	FT STUDENT? ☐ YES ☐ NO
DEPENDENT LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F	FT STUDENT? ☐ YES ☐ NO
DEPENDENT LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM/DD/YY)	GENDER ☐ M ☐ F	FT STUDENT? ☐ YES ☐ NO

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: ____________________