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 EFFECTIVE DATE
	Barton County Community College		March 01, 2022
PHYSICAL ADDRESS	**CITY**	**STATE**	**ZIP**
245 NE 30 Rd	Great Bend	Kansas	67530
PHONE	**FAX**	**EMAIL**	

EMPLOYEE INFORMATION

EMPLOYEE FIRST NAME	MI	LAST NAME	REQUESTED EFFECTIVE DATE
HOME ADDRESS	**CITY**	**STATE**	**ZIP**
EMPLOYEE ID	**DATE OF BIRTH**	**GENDER**	**MARITAL STATUS**
		☐ Male ☐ Female	☐ Single ☐ Married
HOME PHONE	**WORK PHONE**	**EMAIL**	

DEPENDENTS TO BE ADDED

Include only family members for whom membership is desired.

SPOUSE FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER
				☐ Male ☐ Female
DEPENDENT FIRST NAME	**MI**	**LAST NAME**	**DATE OF BIRTH**	**GENDER**
				☐ Male ☐ Female
DEPENDENT FIRST NAME	**MI**	**LAST NAME**	**DATE OF BIRTH**	**GENDER**
				☐ Male ☐ Female
DEPENDENT FIRST NAME	**MI**	**LAST NAME**	**DATE OF BIRTH**	**GENDER**
				☐ Male ☐ Female
DEPENDENT FIRST NAME	**MI**	**LAST NAME**	**DATE OF BIRTH**	**GENDER**
				☐ Male ☐ Female

PLAN CHOICE

AVAILABLE PLAN OPTIONS Monthly Voluntary Rates, Employee Cost	**Self Only**	**Self + Spouse**	**Self + Child(ren)**	**Full Family**
☐ Gold Materials Only 130	☐ $7.73	☐ $12.36	☐ $14.27	☐ $24.26

ACKNOWLEDGMENT

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.

Signature _____ Date _____

Your premium will automatically be deducted on a pre-tax basis each pay period unless you notify the employer of such decision to pay for the benefits on an after-tax basis.