



VISION PROPOSAL REQUEST FORM

Name of Company/Association _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

List state provider directories needed _____

Proposal Effective Date _____

Total number of eligible members _____

Check One:

- Takeover Group _____
Information needed - current plan of benefits, number of years of previous vision coverage, & current rates _____

- No Previous Coverage

Check One:

- Voluntary
 Employer Participation

Broker's Name _____

Agency or Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Return Vision Proposal Request by email to sellingboe@eyeplan.com

Or Fax 1-515-237-8221

Select Networks

Attn. Steve Ellingboe

317 6th Avenue, Ste. 1040

Des Moines, Iowa 50309-4112

1-800-797-6282 Ext. 11

Visit our website: www.eyeplan.com