

Supplemental Vision Benefit Employer Trust (SVBET)

Underwritten by Vision Service Plan

Checklist, Employer Application and List Enrollment Form

Employer Groups with 3+ employees

This checklist will assist you in submitting the necessary forms so that we may process your application. Incomplete applications will be returned for completion, which may result in a later effective date than requested.

- Checklist
- Employer Application, signed by the employer/plan sponsor and the agent
- List Enrollment Form(s)
- If electing Participation Option 1, please submit a copy of the current medical bill (or current medical applications)
- If electing Participation Option 2, please submit a copy of the current dental bill (or current dental applications)
- If electing Participation Option 3 or 4, please submit a copy of most current Quarterly Wage Report (reconciled)
- If you have Federal COBRA or State Continuation of Benefits participants, you must include a copy of their original election form at time of enrollment
- Copy of agent's current license
- Copy of Warner Pacific's proposed rates
- First month's premium check, made payable to "Beneficial Administration, LLC"
- All forms must be received by the Warner Pacific Underwriting Department prior to the requested effective date. Groups received after that time are not guaranteed the requested effective date.

Eligibility Guidelines:

- This is not a voluntary plan. The group must meet participation requirements at all times.
- A minimum of three employees must be enrolled at all times.
- *Enrollment in this plan is determined by the employer's participation selection.*
- Renewals occur every January, regardless of the employer's original effective date.
- An eligible employee is defined as an employee working full-time, 30 hours or more per week.
- Part-time employees, working 20-29 hours per week, may be covered if employer chooses, or if matching the medical or dental participation option as long as there are three full time employees enrolled.
- All eligible employees and their eligible dependents must be added to the plan as soon as the group waiting period has been met.
- There is no open enrollment period. All eligible employees and dependents must enroll at initial enrollment or within 30 days of a qualifying event. A qualifying event is defined as: adoption, marriage, or birth of newborn.
- An eligible dependent is an employee's spouse/domestic partner and any child of the enrolled applicant or spouse/domestic partner who is under age 26. It is the employee's responsibility to inform the group administrator of any change in status of his/her dependents.
- These plans are only available to groups headquartered in the following states: CA, CO, GA, IA, IL, IN, KS, MI, MN MO, NC, NJ, NV, OH, OK, SC, TN, TX and WV. Employees can live in any of the 50 states.

Contacts:

Agent Presentation by:

Warner Pacific Insurance Services
32110 Agoura Road
Westlake Village, CA 91361-4026
Phone: (800) 801-2300
Fax: (800) 609-0111
www.warnerpacific.com

Group Administration & Billing:

Beneficial Administration, LLC
P.O. Box 3100
Newport Beach, CA 92658-9027
Phone: (866) 706-2225
Fax: (949) 724-1603
www.beneficialadmin.com

Member Customer Service & Claims:

Vision Service Plan
P.O. Box 997100
Sacramento, CA 95899-7100
Phone: (800) 877-7195
www.vsp.com

Please call Warner Pacific Insurance Services, Inc., if you have any questions about submitting a new group enrollment. Post-enrollment eligibility questions should be directed to Beneficial Administration, LLC.