

Supplemental Benefit Employer Trust
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 group principal 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 participants, you must include a copy of their original COBRA election form at time of enrollment
- Copy of agent's license
- Copy of Warner Pacific's proposed rates
- First month's premium check, made payable to "Beneficial Administration Company" or "B.A.C."
- 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 should be meeting participation at all times.
- A minimum of three employees must be enrolled at all times.
- *Enrollment on this plan is determined by the employer's participation selection.*
- Renewals are every January, regardless of 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.
- 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; any unmarried child of the enrolled applicant or spouse who is under age 19; or any unmarried child of the enrolled applicant or spouse who is age 19 until age 25, provided the child is a full time student and fully dependent upon the employee for support. 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, OR, 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 Co.
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 B.A.C.