



VISION CARE PLUS SOLD CASE CHECK LIST

Welcome to Vision Care Plus! Please submit **all** of the following requested forms to speed up and insure proper processing of your enrollment with VCP.

- | | |
|--|--------------------------|
| 1) Avesis Vision Plans Master Group Contract - original signature required | <input type="checkbox"/> |
| 2) Copy of quote/sold rates | <input type="checkbox"/> |
| 3) Employee Enrollment Forms | <input type="checkbox"/> |
| 5) Binder Check for 1 st month's premium | <input type="checkbox"/> |
| 6) Online Enrollment Required
(See Vision Care Plus Online Enrollment Directions) | <input type="checkbox"/> |

If you have any questions while filling out the above forms, please contact one of our Marketing Support Staff Members at 513-554-1100.

VISION CARE PLUS. . . .THE PLUS IS SERVICE