



SafeGuard

Initial Application

Renewal Acknowledgement

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SafeHealth Life Insurance Company

95 Enterprise, Suite 100
Aliso Viejo, CA 92656-2605

APPLICATION & ACKNOWLEDGEMENT
GROUP VISION INSURANCE BENEFITS

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NEW PROVISION(S): If any one of the following boxes are checked, attached hereto are new benefits and/or exclusions and limitations which are hereby incorporated by reference herein into the agreement and policy between SafeHealth Life Insurance Company ("SafeHealth") and Organization, referred to below. **Important Note: This Application and Acknowledgement should be signed and returned to us to ensure the continuation of your vision benefits plan.** Benefits Exclusions Limitations

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Organization Policyholder Name (full legal name)		Group No.
Organization is a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government Agency <input type="checkbox"/> Union Trust		
Street / P. O. Box Number		
City		State CA Zip
Telephone		Fax
Contact	Contact Title	Contact Telephone

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(if applicable)

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Plan Code Name:	Classes of employees to be covered	Employer pays
Approved Rates (per SafeHealth):	<input checked="" type="checkbox"/> All Employees	
Enrollee Only \$	<input type="checkbox"/> Retirees	% of employee premium
Enrollee + Spouse \$	<input type="checkbox"/> Union	% of dependent premium
Enrollee + Child(ren) \$	<input type="checkbox"/> Salaried	
Enrollee + Family \$	<input type="checkbox"/> Non-Union	Number of Eligible Employees
Composite \$ (if applicable)		

SAFEHEALTH, subject to all the conditions and provisions of the POLICY, and in reliance upon the statements of each Enrollee of the Organization in his or her Enrollment Card, shall provide the services and benefits and the other rights and privileges which are set forth in the POLICY, which shall take effect on the "Effective Date", and shall continue for a period of year.

All employees are to be eligible on the effective date except part-time and disabled employees. Employees who commence work after the effective date, shall be eligible on the first of the month following completion of days of continuous active employment.

SHL-VISION-APP

04-04

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If employer is multi-site, please note name and address of any subsidiary or affiliated companies to be included under the POLICY on the reverse of this Agreement. [Formal documents govern all rights and benefits; for full and complete policy information, please refer to your Master Policy.](#)

