Vision Quote Request Form

NVA

Please provide the following information to receive a competitive vision quote from NVA.

Benefit Advisor Firm:					
Benefit Advisor Contact:		Benefit Advisor E-mail:			
Benefit Advisor Firm Address:					
Client Name:					
Start Date:		# of Eligible Employees:			
Client State:					
Funding: Insured Self-Funded Contri	ibutions:	Non-voluntary	. □ V	oluntary	Mixed
	(80%-100%		(0-1	(0-19% (20-79%	
	e	mployer paid)	emj	oloyer paid) employer paid
Type of Vision Product: □ Full Service – □ Materials Only □ Exam Only* □ Discount Only*					
Exams and					
Materials					
Tiers:		Frequency: Commission:			on:
Matching Existing Plan Design?:					
Exam Copay: Lens Copay:	Ma	Materials Copay:			
Frame Allowance:	Со	Contact Lens Allowance:			
Current Rates:	Are	Are you supplying claims data?: Yes No 			
Current Vision Carrier:	Ce	Census Password:			
Other Requirements: Questionnaire GEO Disruption Report Template Completion					
Send Quote: Electronically Hard Copy # of Binders			Date Quot	e Needed:	
Questions/Comments:					

* May not be available in every state.

Minimum requirement of 10 enrollees to receive a quote depending on funding arrangement except for FL where we require at least 51 eligible employees. Vision Benefits. Smarter.SM

Submit completed forms to your NVA Sales Director or to <u>sales@e nva.com</u>. For groups with up to 200 eligible employees please submit your completed forms to Marc Hayek at <u>mhayek@e nva.com</u>.

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